# Process Evaluation Report: Youth Success Program
## Baseline Year 2003-2004

- Teen Births in Rhode Island
- Youth Success Programs


Prepared For:
Division of Individual and Family Support
Department of Human Services
State of Rhode Island

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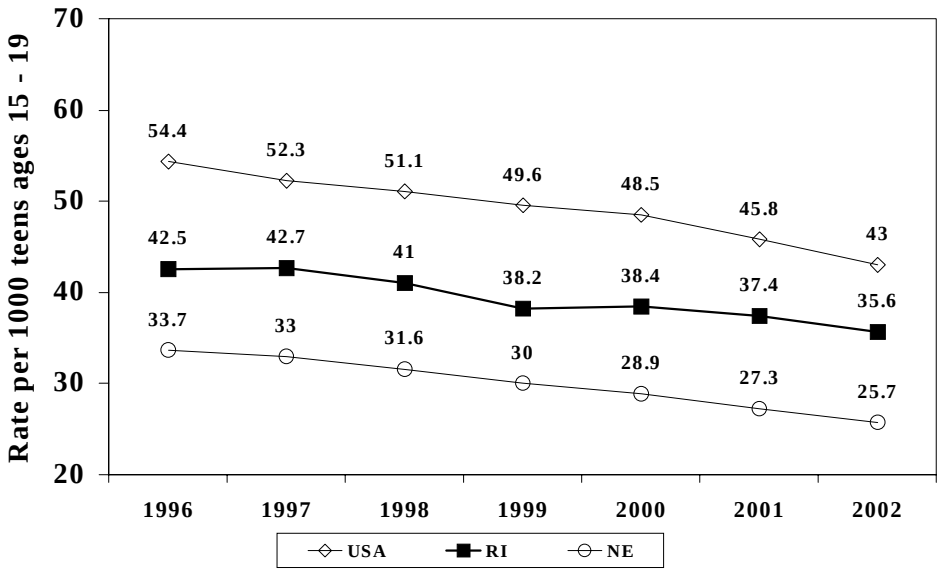
# I. BACKGROUND

## A. High Teen Birth Rates In Rhode Island

The teenage birth rate for females ages 15 – 19 in the United States has fallen dramatically since 1991 and is the lowest it has been in 40 years.[1] This decline is due to both decreases in sexually active teenagers and increases in contraceptive use.[2] Although Rhode Island has seen declines in its teenage birth rate during the 1990s (see Figures 1 – 3) it has remained the highest among the six New England States and it ranks 47th among all states for the lowest percent decrease in teen birth rates over the past ten years.[1]

Figure 1: Teenage Birth Rates Ages 15 – 19
USA, Rhode Island, and Other New England States



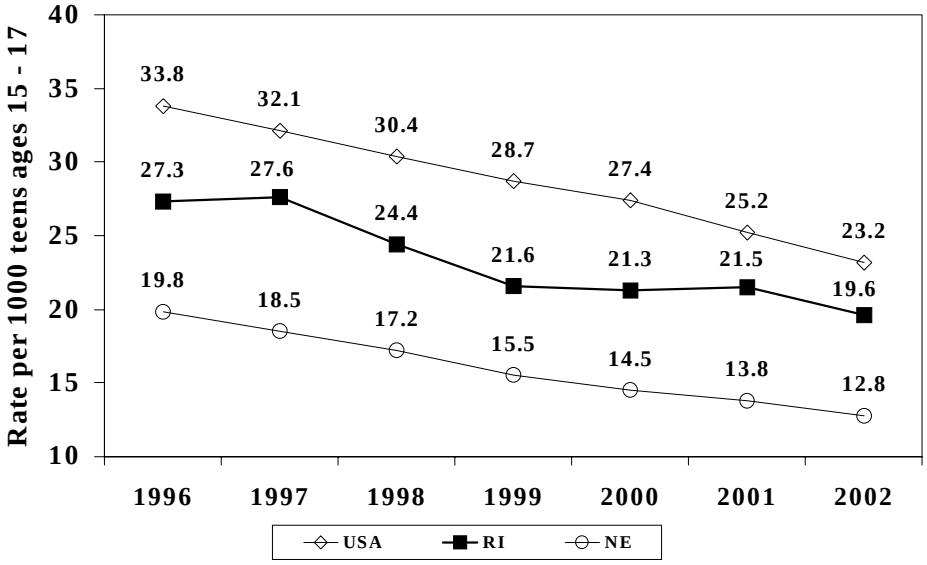

Data Source: Medicaid Data Archive, National Center for Health Statistics
National Vital Statistics Report (NVSR) 1996-2002

[1] Martin J., Hamilton B. et al., "Births: Final Data for 2002," CDC: National Vital Statistics Report (52): 10, 2003.
[2] Brener N., Kann L. et al., "Trends in Sexual Risk Behavior Among High School Students: United States 1991 – 2001" MMWR 2001: 51 (38): 856-9, 2001.

## 1. RI Has Highest Teen Birth Rate in New England

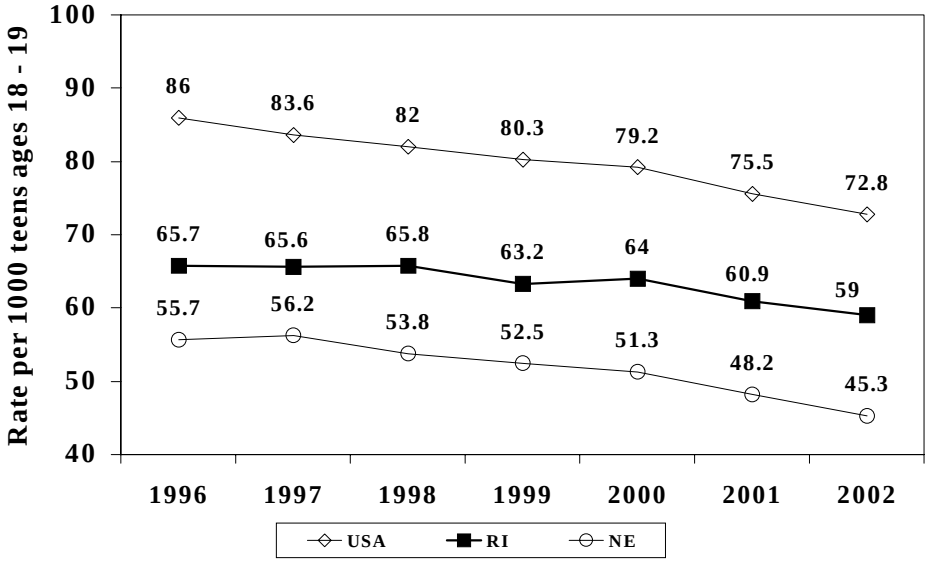
Figure 1 on the previous page shows that the teen birth rate for 15 – 19 year old Rhode Islanders decreased from 42.5 in 1996 to 35.6 in 2002. This is only a 16.2% decline compared to 20.9% decline for the U.S. and a 23.7% decline for the other New England States. The birth rate for 15 – 17 year olds in Rhode Island (RI) made a steep decline from 1997 – 1999, but then remained flat from 1999 – 2001. (see Figure 2). Figure 3 shows that for older RI teens (18 – 19 years old) there has been a 10.2% change from 1996 to 2002 compared to a 18.7% change for the other New England states. For older teens in RI, the birth rate has declined at about only one-half the rate of the rest of New England.

Figure 2: Teenage Birth Rates Ages 15 – 17
USA, Rhode Island, and Other New England States




Data Source: Medicaid Data Archive, National Center for Health Statistics
National Vital Statistics Report (NVSR) 1996-2002

Figure 3: Teenage Birth Rates Ages 18 – 19
USA, Rhode Island, and Other New England States




Data Source: Medicaid Data Archive, National Center for Health Statistics
National Vital Statistics Report (NVSR) 1996-2002

In the Fall of 2001 the Department of Human Services conducted a comprehensive needs assessment to determine why Rhode Island has such a high teen birthrate.[3] (See Appendix 1) The Needs Assessment concluded that RI had the highest teen pregnancy rate in New England due to three factors:

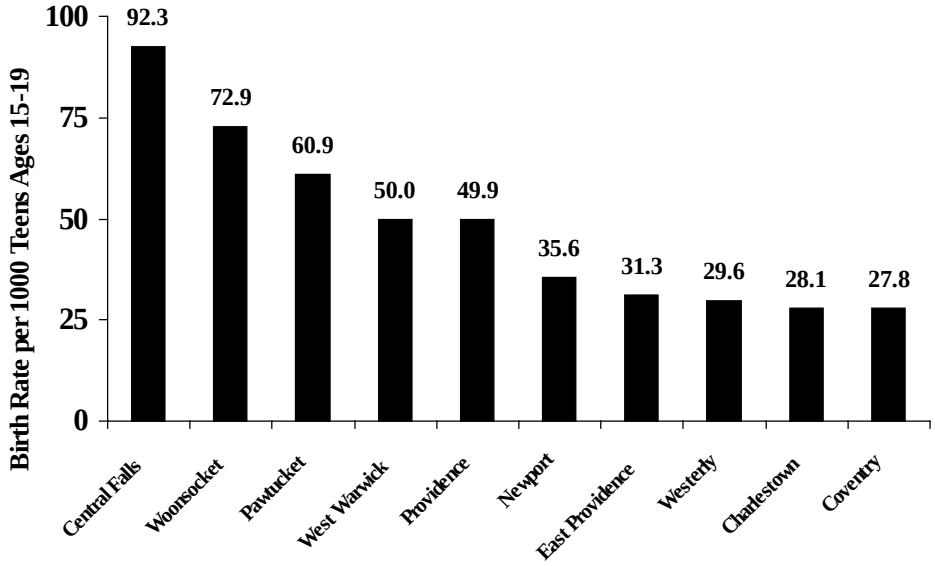
- RI has the highest poverty rate in New England
- RI has the highest rate of high school drop outs and teens not working
- RI has more barriers to family planning services than other New England states

[3] Griffin J., Polis C., Teen Births in Rhode Island: A Needs Assessment, RI Medicaid Research and Evaluation Project, 2002.

## 2. RI Core Cities Contribute Most to Teen Births

The highest teen birth rates are in Central Falls, Woonsocket, Pawtucket, West Warwick, Providence, and Newport (see Table 1 on the next page). The poverty rate is also highest in these six cities. Figure 4 shows that Central Falls has the highest teen birth rate in the state. The Central Falls rate is almost twice as high as the city of Providence.

Figure 4:
Ranking of Top Ten RI Cities With Highest Teen Birth Rates




Data Source: Medicaid Research and Evaluation Project, RI Department of Human Services Birth File, Census Data

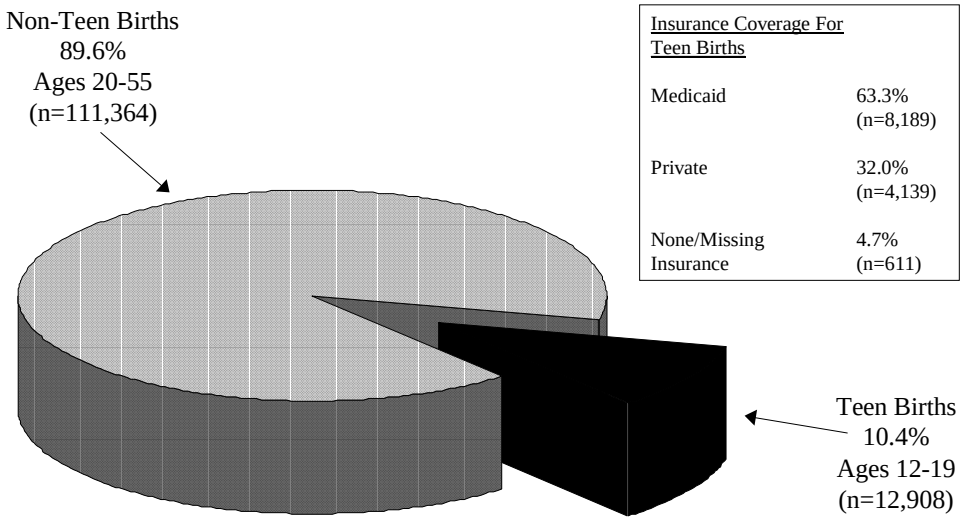
| Table 1: Ranking of RI Teen Birth Rates Ages < 20 by City/Town | | | | | |
|---|---|---|---|---|---|
| Ranking | City or Town | Total Teen Births Aged < 20 1998 - 2002 | Average Annual Teen Births | #Females 15-19 Census 2000 | Birth Rate per 1,000 Teens 15-19 |
| | | | | | |
| 1st | Central Falls | 318 | 63.6 | 689 | 92.3 |
| 2nd | Woonsocket | 515 | 103 | 1412 | 72.9 |
| 3rd | Pawtucket | 692 | 138.4 | 2272 | 60.9 |
| 4th | West Warwick | 206 | 41.2 | 824 | 50.0 |
| 5th | Providence | 2322 | 464.4 | 9305 | 49.9 |
| 6th | Newport | 193 | 38.6 | 1084 | 35.6 |
| 7th | East Providence | 215 | 43 | 1374 | 31.3 |
| 8th | Westerly | 97 | 19.4 | 655 | 29.6 |
| 9th | Charlestown | 28 | 5.6 | 199 | 28.1 |
| 10th | Coventry | 136 | 27.2 | 980 | 27.8 |
| 11th | Cranston | 289 | 57.8 | 2184 | 26.5 |
| 12th | North Providence | 99 | 19.8 | 789 | 25.1 |
| 13th | Hopkinton | 32 | 6.4 | 256 | 25.0 |
| 14th | Warren | 39 | 7.8 | 316 | 24.7 |
| 15th | Middletown | 50 | 10 | 410 | 24.4 |
| 16th | Warwick | 269 | 53.8 | 2375 | 22.7 |
| 17th | Richmond | 25 | 5 | 222 | 22.5 |
| 18th | Burrillville | 63 | 12.6 | 567 | 22.2 |
| 19th | Exeter | 21 | 4.2 | 204 | 20.6 |
| 20th | Johnston | 69 | 13.8 | 721 | 19.1 |
| 21st | North Smithfield | 24 | 4.8 | 297 | 16.2 |
| 22nd | North Kingstown | 60 | 12 | 774 | 15.5 |
| 23rd | Lincoln | 47 | 9.4 | 626 | 15.0 |
| 24th | Scituate | 24 | 4.8 | 346 | 13.9 |
| 25th | Glocester | 24 | 4.8 | 348 | 13.8 |
| 26th | Cumberland | 63 | 12.6 | 917 | 13.7 |
| 27th | Narragansett | 32 | 6.4 | 471 | 13.6 |
| 28th | Bristol | 68 | 13.6 | 1115 | 12.2 |
| 29th | East Greenwich | 20 | 4 | 383 | 10.4 |
| 30th | Portsmouth | 23 | 4.6 | 457 | 10.1 |
| 31st | New Shoreham | 1 | 0.2 | 22 | 9.1 |
| 32nd | Foster | 6 | 1.2 | 134 | 9.0 |
| 33rd | Tiverton | 14 | 2.8 | 415 | 6.7 |
| 34th | Smithfield | 28 | 5.6 | 895 | 6.3 |
| 35th | West Greenwich | 5 | 1 | 167 | 6.0 |
| 36th | South Kingstown | 66 | 13.2 | 2233 | 5.9 |
| 37th | Jamestown | 4 | 0.8 | 146 | 5.5 |
| 38th | Barrington | 10 | 2 | 573 | 3.5 |
| 39th | Little Compton | 0 | 0 | 89 | 0.0 |
| | | | | | |
| | **Total:** | **6,197** | **1,239** | **37,246** | **33.3** |

Data Source: Medicaid Research and Evaluation Project, RI Department of Human Services
RI Department of Health Birth File, Census Data 1998-2002

**B. Teen Births in RI: Difference by Age and Insurance Coverage**

Figure 5 shows that 10.4% of RI resident births are to teen mothers. This means one in ten new mothers is under age twenty. Medicaid pays for two out of three of these teen births. In the past few years Medicaid has been paying for a higher proportion of teen births (see Appendix 2).

## Figure 5: Age Distribution of Rhode Island Births with Insurance Status of Teen Births

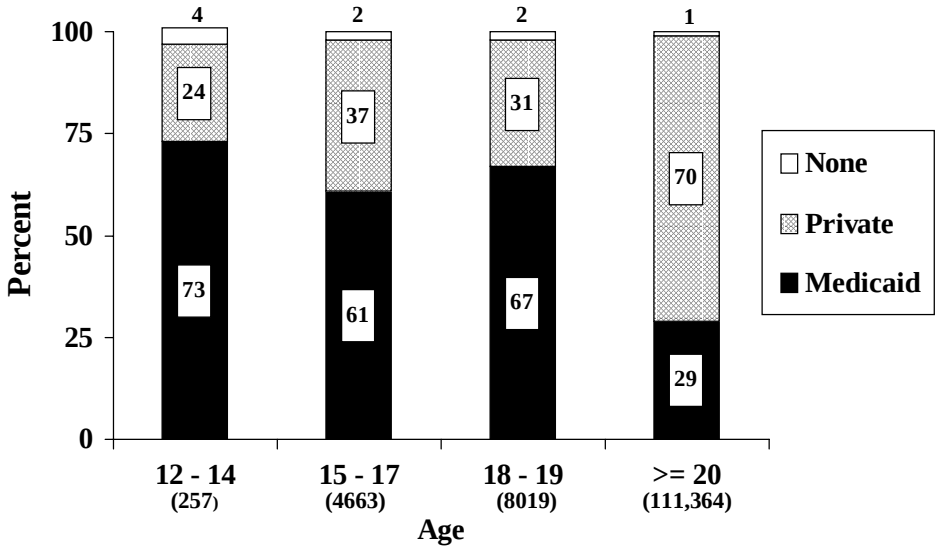



Data Source: Medicaid Research and Evaluation Project, Rhode Island Department of Human Services
Vital Statistics Birth File – Rhode Island Department of Health 1993-2002 (n=124,306)

## 1. Young Teens and Teens on Medicaid Are At High Risk For Poor Outcomes

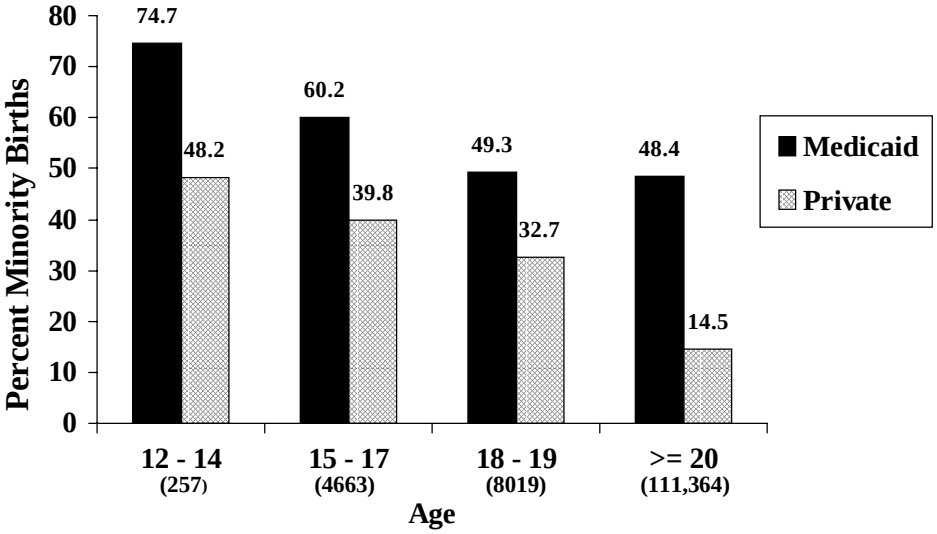
Figure 6 through Figure 14 show that the youngest teens who give birth in Rhode Island ages 12 – 14 are significantly more likely to be covered by Medicaid (73%), be of a minority race (75%), to not receive adequate care (45%) and have a low birthweight baby (11.4%). Ten years of data was grouped for this analysis so their would be enough births in the younger ages to provide meaningful results.

Figure 6: Type of Health Insurance Coverage By Age For RI Births – 1993-2002



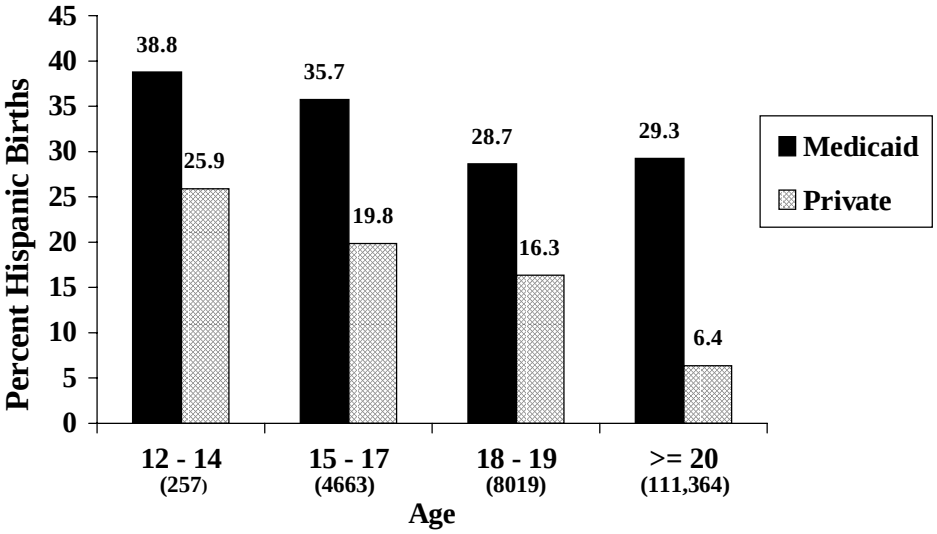

Data Source: RI Medicaid Data Archive, RI Birth File, Vital Statistics, RI Department of Health (n=124,306)

Figure 7: Percent Minority Births By Age and Insurance For RI Births – 1993-2002




Data Source: RI Medicaid Data Archive, RI Birth File, Vital Statistics, RI Department of Health (n=124,306)

Figure 8: Percent Hispanic Births By Age and Insurance For RI Births – 1993-2002

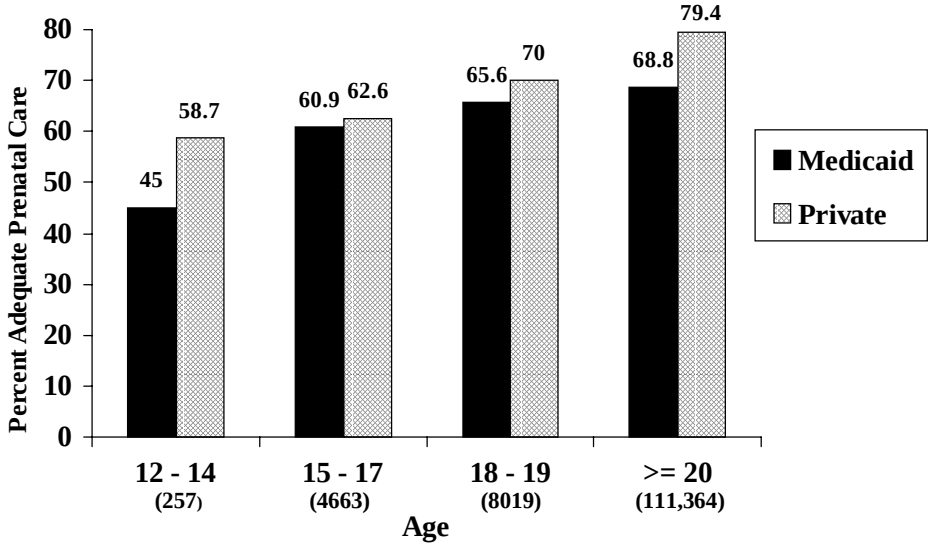



Data Source: RI Medicaid Data Archive, RI Birth File, Vital Statistics, RI Department of Health (n=124,306)

## 2. Adequate Prenatal Care Has Improved for Teens in the Past Ten Years Because of RIte Care

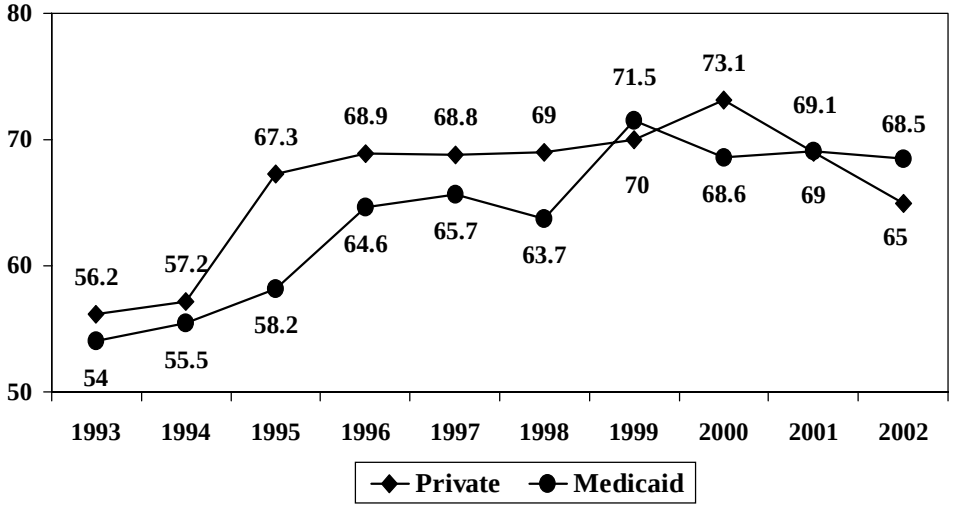
Figure 9 shows that pregnant women on Medicaid at any age are less likely to get adequate prenatal care. Only 45% o f the youngest teens ages 12 – 14 receive adequate prenatal care. Even though there is a disparity of adequate care between Medicaid and privately insured the disparity has been closing in the past ten years. Figure 10 shows that since 1995 (i.e. implementation of RIte Care) the adequacy gap between privately insured teens and teens on Medicaid has closed. In 1993 54% of pregnant teens on Medicaid had adequate prenatal care and in 2002 68.5% of teens had adequate care. This represents a 27% increase.

Figure 9: Percent Pregnant Women Who Received Adequate Prenatal Care By Age and Insurance For RI Births – 1993-2002




Data Source: RI Medicaid Data Archive, RI Birth File, Vital Statistics, RI Department of Health (n=124,306)
**Adequate Care = started prenatal care by 4th months of pregnancy and received at least 80% of recommended prenatal visits.**

Figure 10
Percent of Pregnant Teenagers who Received Adequate Prenatal Care by Insurance Status 1993-2002

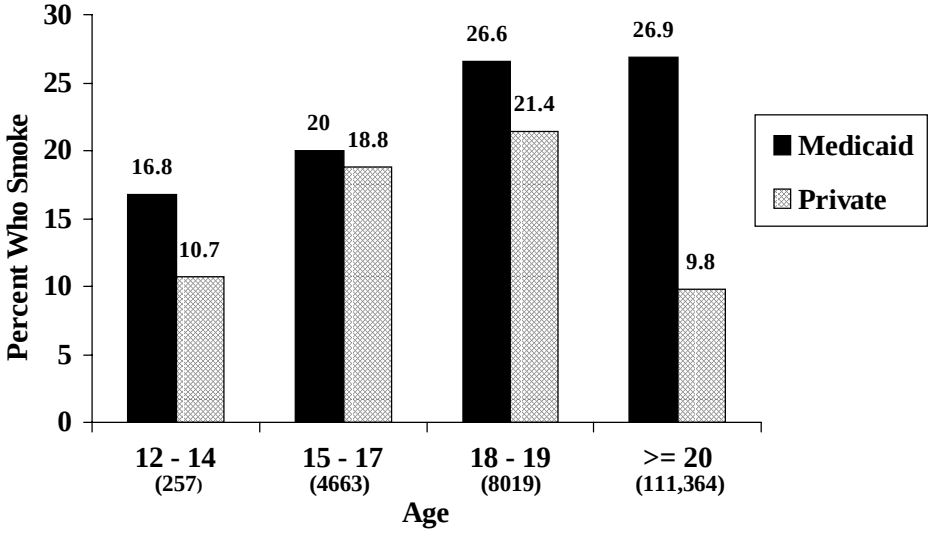



Data Source: Medicaid Research & Evaluation Project Vital Statistics Birth File 1993-2001 – (n=11,748)
**Adequate Care = Started prenatal care by 4th month of pregnancy and received at least 80% of recommended prenatal visits.**

### 3. Pregnant Women on Medicaid have higher smoking rates than privately insured mothers, but the gap is narrowing for teens

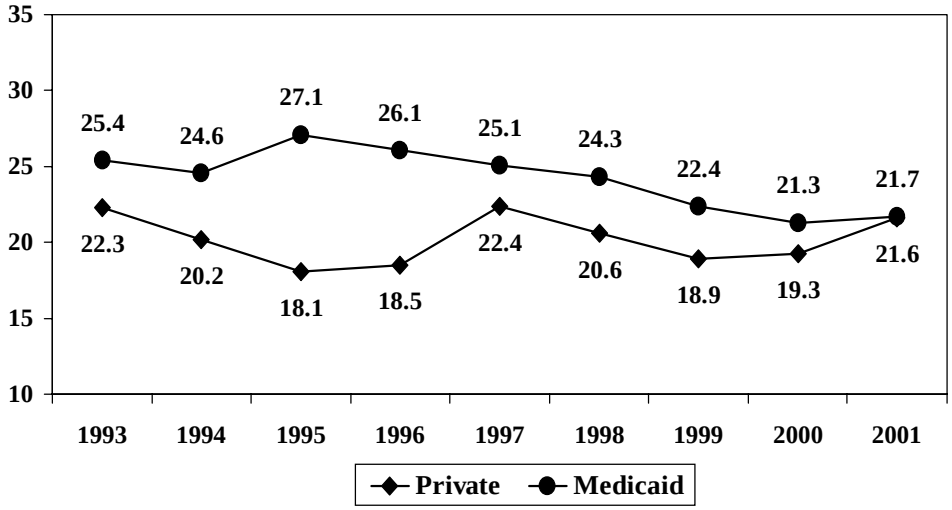
Figure 11 shows that in all age groups mothers on Medicaid smoke more than mothers on private insurance. The highest rates of smoking occur among mothers on Medicaid age 18 and over. Twenty-seven percent (26.9%) of these mothers smoke cigarettes during their pregnancy. Figure 12 shows that the smoking rate for pregnant teens on Medicaid has fallen slightly in the past ten years and currently the rate is the same as pregnant teens on private insurance.

Figure 11: Percent Mothers Who Smoke Cigarettes By Age and Insurance For RI Births – 1993-2002



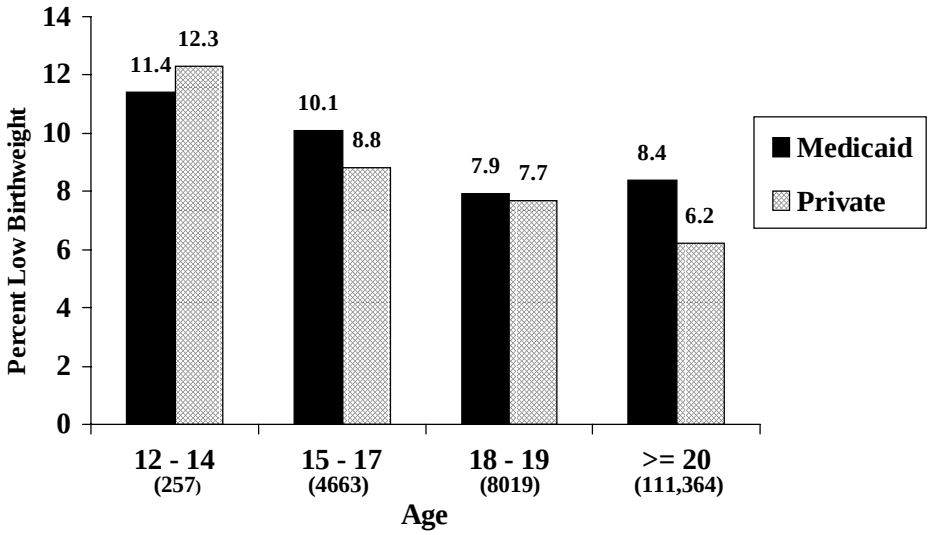

Data Source: RI Medicaid Data Archive, RI Birth File, Vital Statistics, RI Department of Health (n=124,306)

Figure 12
Percent of Pregnant Teenagers who Smoke Cigarettes
by Insurance Status 1993-2001




Data Source: Medicaid Research & Evaluation Project
Vital Statistics Birth File 1993-2001 – (n=11,748)

Figure 13: Percent Low Birthweight By Age and Insurance
For RI Births – 1993-2002

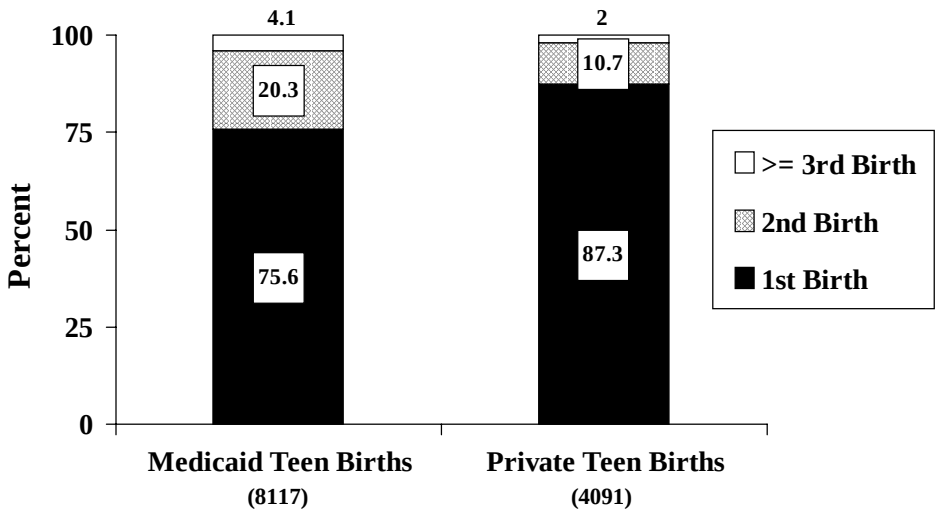



Data Source: RI Medicaid Data Archive, RI Birth File, Vital Statistics, RI Department of Health (n=124,306)

**4. Low Birthweight Rates are Similar between Medicaid and Private Births**

Figure 13 shows that the youngest teens ages 12-14 have the highest low birth weight rate. There is not a marked disparity in low birth weight between Medicaid and privately insured births. The largest difference in percent low birth weight is the 2.2% difference between mothers over 20 years old on Medicaid (8.4%) and privately insured mothers (6.2%).

Figure 14: Percent Teen Repeat Births By Insurance
For RI Births – 1993-2002 – Ages <20




Data Source: RI Medicaid Data Archive, RI Birth File, Vital Statistics, RI Department of Health (n=124,306)

**5. Teen Mothers on Medicaid have a Higher Repeat Birth Rate**

Figure 14 shows that the rate of second and third births for teen mothers on Medicaid is twice as high for teen mothers on private insurance. From 1993-2002 24.4% of Medicaid teen births were to teens who were already mothers, whereas only 12.7% of privately insured teen births were to teens who were already mothers.

## II. YOUTH SUCCESS PROGRAMS

### A. Description of Adolescent Self Sufficiency Collaborative (ASSC) and Youth Responsibility (YR) Programs

Adolescent Self-Sufficiency Collaborative Program

ASSC services a special population vulnerable to school dropout, repeat pregnancy and long-term welfare dependency. All pregnant and parenting teens in Rhode Island (under the age of 20, without a high school diploma), not just those receiving Family Independence Program (FIP) cash benefits and/or Medical Assistance, may be served. In addition to the core curriculums, the ASSC provides case management services, assessment of needs, and assistance to FIP recipients in meeting their education and employment responsibilities.

ASSC Sites assure that participants enroll and maintain attendance in school, GED classes and/or employment; and provide participants opportunities for career exploration, service learning and parental/mentor involvement, as well as paternity and child support information. Services to minor pregnant and parenting FIP recipients include identification and maintenance of appropriate adult supervised living arrangements when the teen parent and child cannot remain with her parents. The ASSC provides adult supervision to a few community based minor parents.

Youth Responsibility Program

Boys and girls ages 13 to 18, at very high risk of school dropout, too early-unwed pregnancy/parenting, criminal behavior, substance abuse and welfare dependency are served by Youth Responsibility counselors. Most participants are in school; but some enroll in Youth Success Career Academies or other GED classes. These boys and girls participate in the core curriculums. In addition to these core curriculums, all participants have opportunities for career exploration/work experience, service learning, recreation, and parent/mentor involvement

## B. Evaluation Plan and Methods

### 1. Purpose of Evaluation

The purpose of the Youth Success Process Evaluation is to describe new ASSC and YR program participants and compare characteristics, services and outcomes across ASSC sites. ASSC clients are all new pregnant/parenting intakes who enrolled in the program from April 1, 2003 – March 31, 2004. This baseline will include:

- Demographic characteristics of ASSC and YR program participants (e.g., race, pregnancy status, age, city of residence, education level, marital status, and health insurance)
- Social characteristics of ASSC and YR program participants (e.g., living arrangements, school and vocational status, job training, and employment status, and kinds of benefits received)
- Health needs of ASSC and YR program participants (e.g., health coverage, pregnancy status, and family planning need)
- Differences in program participants by ASSC site and FIP status

(Note: In subsequent years one year follow-up data will measure improvements in education level, school and vocational status, employment status, and birth control use)

## 2. Methods – Data Collection and Reporting

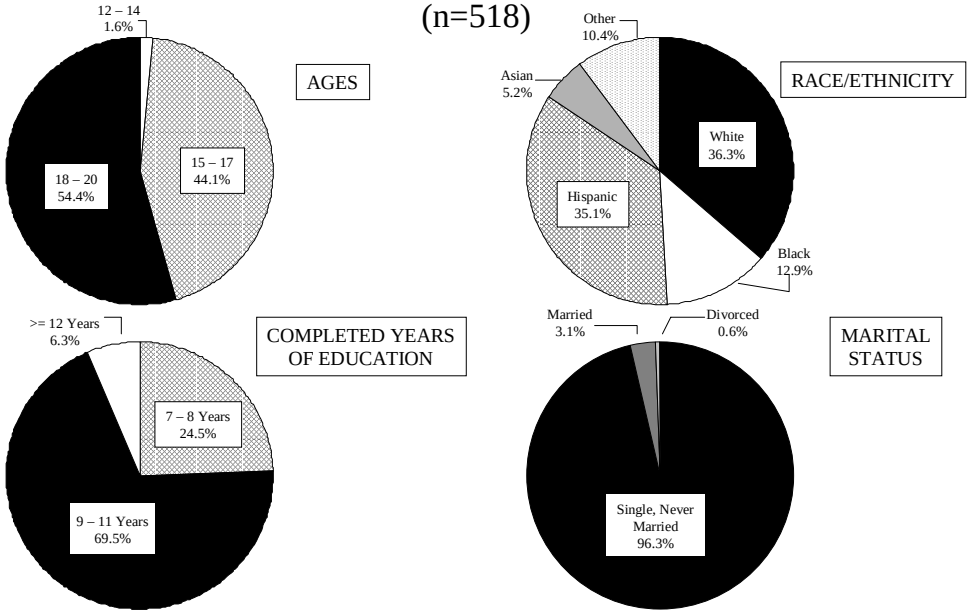
The nine ASSC sites started submitting intake data on all new pregnant and parenting teens entering the program on April 1, 2003 (see Appendix 3 for Intake Form). The two page Intake Form was designed and piloted with the sites. Data are collected that all sites have available and the program is trying to change or improve (e.g., birth control use, education level, job training, and employment).

All sites submit their intake data electronically (see Appendix 4) on a monthly schedule (see Appendix 5). Sites receive a monthly, quarterly, semiannual, and annual report (see Appendices 6 – 8). Data management notes are sent to the sites so data is collected uniformly

## C. Results

The following pages are descriptive results of the baseline data collected from the nine Youth Success Sites.

Figure 15:
Demographic Characteristics Of ASSC Program Participants At Intake
(n=518)



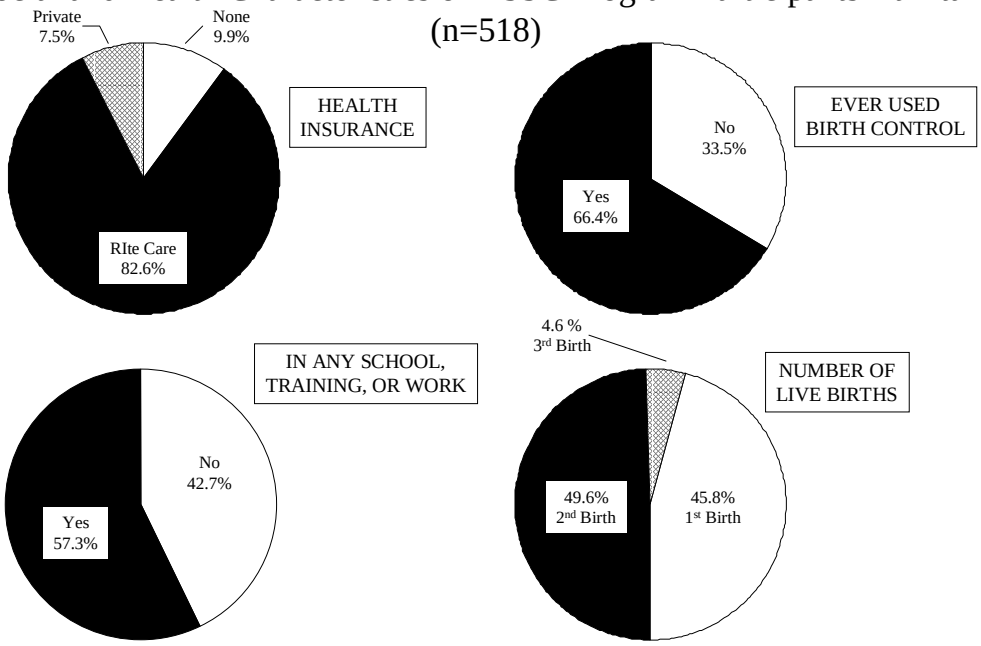

Data Source: ASSC/YR Data Intake File, Medicaid Research and Evaluation Project, Department of Human Services
April 1, 2003 – March 31,2004.

## 1. Demographic Characteristics of New ASSC Pregnant/Parenting Program Participants

Figure 15 and table 2 show the demographic characteristics of the ASSC program participants at their pregnancy intake visit. ASSC program participants are very high risk as the following factors show:

- 46% of ASSC program participants are under age 18
- 64% of ASSC program participants are of minority race
- 94% of ASSC program participants have not finished high school
- 96% of ASSC program participants are not married

Figure 16:
Social and Health Characteristics of ASSC Program Participants At Intake
(n=518)




Data Source: ASSC/YR Data Intake File, Medicaid Research and Evaluation Project, Department of Human Services
April 1, 2003 – March 31, 2004.

## 2. Social and Health Characteristics of ASSC Pregnant/Parenting Program Participants

Figure 16 shows selected social and health characteristics of ASSC program participants. The overwhelming majority of clients are on RIte Care (82.6%) at their intake visit. Only 66.4% had ever used birth control. This means one in three teens enrolled in ASSC who are pregnant never used birth control. The majority of ASSC program participants are enrolled in school or a GED program, job training or employed (57.3%). The majority of ASSC program participants are already mothers. Fifty four percent (54.2%) of the enrolled clients are pregnant with their second or third child. The ASSC program has twice the rate of mothers with repeat pregnancies as all RIte Care births. The proportion of women with repeat pregnancies in the ASSC program is 54.2% compared to 22.0% of all RIte Care births.

**Table 2: Characteristics of Adolescent Self-Sufficiency Collaborative (ASSC) Pregnant/Parenting Program Participants At Intake (n=518) April 1, 2003 – March 31, 2004**

| | Number | Percent |
|---|---|---|
| Ages | | |
| 12 – 14 | 8 | 1.6 |
| 15 – 17 | 228 | 44.1 |
| 18 – 20 | 281 | 54.4 |
| Completed Years of Education | | |
| 7 – 8 years | 127 | 24.5 |
| 9 – 11 years | 358 | 69.5 |
| >= 12 years | 33 | 6.3 |
| Resides in | | |
| Core City* | 327 | 63.1 |
| Non-Core City | 191 | 36.9 |
| Race/Ethnicity | | |
| White | 188 | 36.3 |
| Black | 67 | 12.9 |
| Hispanic | 182 | 35.1 |
| Asian | 27 | 5.2 |
| Other | 54 | 10.4 |
| Marital Status | | |
| Single, never married | 499 | 96.3 |
| Married | 16 | 3.1 |
| Divorced | 3 | 0.6 |
| On FIP | | |
| No | 216 | 41.7 |
| Yes | 202 | 39.0 |
| Pending | 97 | 18.7 |
| Sanctioned | 3 | 0.6 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services
* Core City = Providence, Pawtucket, Central Falls, Woonsocket, Newport, West Warwick

**Table 3: Health Characteristics of ASSC Pregnant/Parenting Program Participants At Intake**
**April 1, 2003 – March 31, 2004 (n=518)**

| | Number | Percent |
|---|---|---|
| Health Insurance at Intake Visit | | |
| None | 51 | 9.9 |
| RIte Care | 428 | 82.6 |
| Private | 39 | 7.5 |
| Ever Used Birth Control | | |
| No | 174 | 33.5 |
| Yes | 344 | 66.4 |
| Number of Live Births | | |
| First | 237 | 45.8 |
| Second | 257 | 49.6 |
| Third or higher | 24 | 4.6 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

**Table 4: School and Work Characteristics of ASSC Pregnant/Parenting Program Participants At Intake April 1, 2003 – March 31, 2004 (n=518)**

| | Number | Percent |
|---|---|---|
| School Status | | |
| Not in School | 250 | 48.3 |
| In School | 241 | 46.5 |
| In GED | 27 | 5.2 |
| In Job Training | | |
| No | 500 | 96.5 |
| Yes | 18 | 3.5 |
| Currently Working | | |
| No | 466 | 90.5 |
| Yes | 49 | 9.5 |
| In Any School/Training/Work | | |
| No | 221 | 42.7 |
| Yes | 297 | 57.3 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

### 3. School and Work Characteristics of ASSC Program Participants

Table 4 shows that the majority of ASSC clients are in school or GED program (51.7%). A small proportion of clients participate in job training - 3.5%. Almost one in ten program participants are employed (9.5%).

**Table 5: Level of Need of ASSC Pregnant/Parenting Program Participants At Intake April 1, 2003 – March 31, 2004 (n=518)**

| | Number | Percent |
|---|---|---|
| Client's ability to obtain services | | |
| Needs little or no help from case manager | 88 | 17.0 |
| Needs average help from case manager | 369 | 71.2 |
| Needs extensive help from case manager | 61 | 11.8 |
| Client's crisis level | | |
| Not in crisis | 122 | 23.6 |
| Facing some challenges | 349 | 67.4 |
| Overwhelmed – multiple crises | 47 | 9.1 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

## 4. Level of Need

Two questions were asked to assess the ASSC client's ability to obtain needed services and their level. Almost twelve (11.8%) of the program participants needed extensive help from a case manager to obtain services and nine percent (9.1%) are overwhelmed with multiple crisis. Pregnant teens under age 18 are significantly more likely to be facing multiple crises and need extensive help from case manager.

**5. Characteristics of Program Participants by Site**

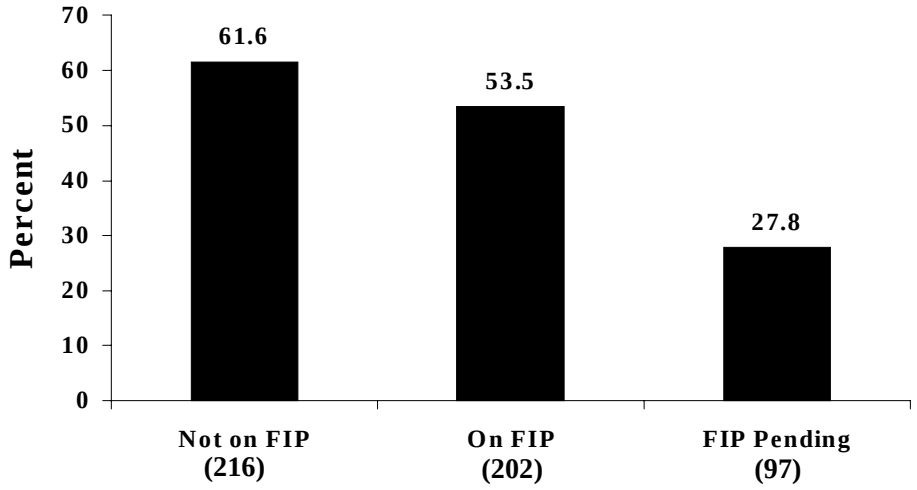
Table 6 shows the diversity of new clientele that each site serves and how their characteristics compare to all other sites. For example 64% of all program participants are of minority race, however, at site 7 only twenty-one percent (20.7%) are minorities and at site 8 ninety-five percent (95.2%) are minorities. The nine ASSC sites also vary on educational status. Only 20% of the clients at site 6 are in school/ or graduated whereas 100% of the clients at site 8 are in school/ or graduated. Ever used birth control is lowest at site 8 at 38% and highest at site 4 at 87%. This chart allows the ASSC sites to determine areas unmet need for program development for their particular site

**Table 6: Characteristics of ASSC Program Participants At Intake by Program Site**
**April 1, 2003 – March 31, 2004 (n=518)**

| Characteristics | **All Sites** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
|---|---|---|---|---|---|---|---|---|---|---|
| **% Pregnant only at Intake** | **45.2** | 46.7 | 44.9 | 44.0 | 66.7 | 45.0 | 40.9 | 20.7 | 71.4 | 80.0 |
| **% Parenting only at Intake** | **50.0** | 52.0 | 49.0 | 44.0 | 20.0 | 50.0 | 54.4 | 74.1 | 28.6 | 15.0 |
| **% Pregnant and Parenting at Intake** | **4.4** | 1.3 | 2.0 | 12.0 | 13.3 | 5.0 | 4.7 | 5.2 | 0.0 | 5.0 |
| **% Minor Teen < 18** | **45.6** | 52.0 | 46.9 | 8.0 | 60.0 | 40.0 | 50.9 | 22.4 | 61.9 | 50.0 |
| **% Minority Teen** | **63.7** | 62.7 | 36.7 | 56.0 | 46.7 | 30.0 | 88.4 | 20.7 | 95.2 | 40.0 |
| **% Married** | **3.1** | 8.0 | 2.0 | 0.0 | 0.0 | 10.0 | 1.9 | 0.0 | 4.8 | 5.0 |
| **% On RIte Care at Intake** | **82.6** | 88.0 | 83.7 | 80.0 | 80.0 | 75.0 | 78.6 | 84.5 | 100 | 87.5 |
| **% On FIP** | **58.3** | 49.3 | 53.1 | 64.0 | 40.0 | 35.0 | 67.4 | 60.3 | 57.1 | 45.0 |
| **% in School/GED or Graduated** | **51.7** | 85.3 | 61.2 | 48.0 | 60.0 | 20.0 | 40.9 | 31.0 | 100 | 55.0 |
| **% Working In Paid Job** | **9.5** | 10.7 | 15.2 | 24.0 | 13.3 | 15.0 | 4.7 | 15.5 | 0.0 | 10.0 |
| **% Ever Used Birth Control** | **66.4** | 74.7 | 83.7 | 48.0 | 86.7 | 75.0 | 56.3 | 77.6 | 38.1 | 82.5 |
| **% Not Able to Get Services on Own** | **11.8** | 10.7 | 30.6 | 0.0 | 6.7 | 10.0 | 6.5 | 0.0 | 9.5 | 47.5 |
| **% Overwhelmed with Multiple Crises** | **9.1** | 10.7 | 16.3 | 4.0 | 6.7 | 10.0 | 2.3 | 3.5 | 9.5 | 45.0 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

Figure 17: Percent of ASSC Clients
**In School Or GED Program** By FIP Status

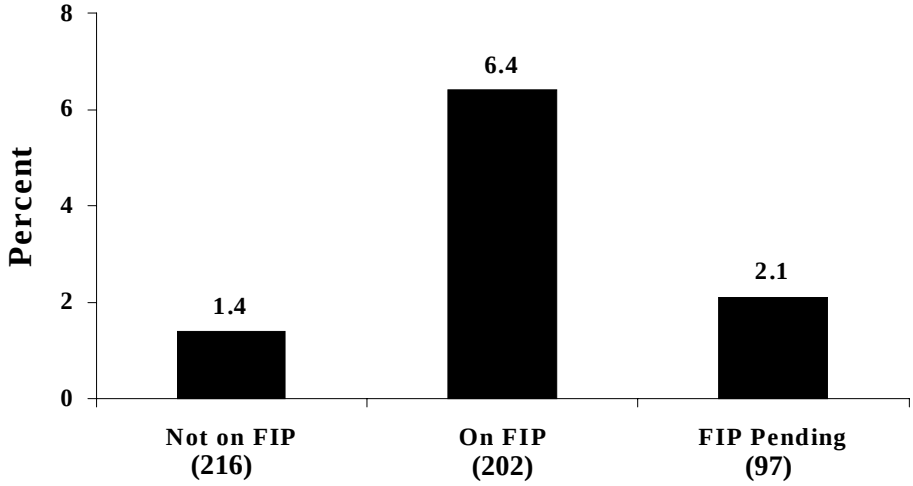



Data Source: ASSC/YR Data Intake File, Medicaid Research and Evaluation Data Archive, RI Department of Human Services

## 6. Characteristics by FIP Status

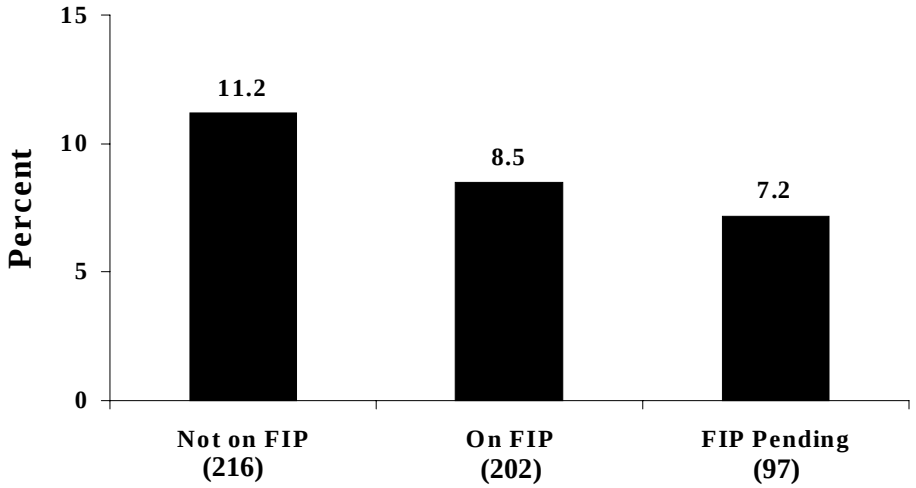
The goal of the Department of Human Services Family Independence Program (FIP) is to assist families with acquiring education and job skills to become independent. For this reason education and work measures were compared by the pregnant teens FIP status at intake. Figure 17 shows that 62% of the teens not on FIP are in school or a GED program compared to 54% of teens on FIP. Figure 18 and 19 show that teens on FIP are more likely to have participated in job training, but less likely to be employed. The proportion of teens in job training or employed is very low for all program participants regardless of FIP status

Figure 18: Percent of ASSC Clients Who
**Participated In Job Training** By FIP Status




Data Source: ASSC/YR Data Intake File, Medicaid Research and Evaluation Data Archive, RI Department of Human Services

Figure 19: Percent of ASSC Clients Who
**Work In Paid Employment** By FIP Status




Data Source: ASSC/YR Data Intake File, Medicaid Research and Evaluation Data Archive, RI Department of Human Services

## 7. Comparison of ASSC Clients with YR Clients

Table 7 shows the differences between the clients being served by the ASSC program and YR program. The YR program participants are more likely than ASSC clients to be young, males, enrolled in school, or job training, currently working, and neither pregnant or parenting. Following is a summary of the differences:

| | ASSC | YR |
|---|---|---|
| % <18 years old | 46% | 70% |
| % Male | 1% | 65% |
| % In School/GED | 47% | 87% |
| % Ever Attended Job Training | 4% | 22% |
| % Currently Employed | 10% | 31% |
| % Pregnant or Parents | 100% | 6% |

**Table 7: Comparison of Adolescent Self Sufficiency Collaborative (ASSC) Program Participants and Youth Responsibility (YR) Clients Program Participants at Intake (n=659) April 1, 2003 – March 31, 2004**

| | % ASSC (n=518) | % YR (n=141) |
|---|---|---|
| **Demographic Characteristics** | | |
| Age | | |
| 12 – 14 | 1.6 | 15.2 |
| 15 – 17 | 44.1 | 55.1 |
| 18 – 20 | 54.4 | 29.7 |
| Gender | | |
| Female | 99.0 | 34.8 |
| Male | 1.0 | 65.3 |
| Race | | |
| White | 36.3 | 47.5 |
| Black | 12.9 | 13.5 |
| Hispanic | 35.1 | 27.0 |
| Asian | 5.2 | 4.3 |
| Other | 10.4 | 7.8 |
| Marital Status | | |
| Single, Never Married | 96.3 | 99.3 |
| Married | 3.1 | 0.7 |
| Divorced | 0.6 | 0.0 |
| On FIP | | |
| No | 41.7 | 78.0 |
| Yes | 39.0 | 21.3 |
| Pending | 18.7 | 0.7 |
| Sanctioned | 0.6 | 0.0 |
| Health Insurance | | |
| None | 9.9 | 16.3 |
| RIte Care | 82.6 | 39.0 |
| Private | 7.5 | 44.7 |

| | % ASSC (n=518) | % YR (n=141) |
|---|---|---|
| **Social Characteristics** | | |
| School Status | | |
| Not in School | 48.3 | 12.1 |
| In School or GED Program | 46.5 | 86.5 |
| Graduated | 5.2 | 1.4 |
| Grades of School Completed | | |
| 5 - 8 | 24.3 | 36.2 |
| 9 - 11 | 69.5 | 63.1 |
| 12 | 6.2 | 0.7 |
| Number of GED Tests Passed | | |
| None | 97.3 | 95.7 |
| 1 - 2 | 1.2 | 1.4 |
| 3 – 4 | 1.0 | 2.1 |
| 5 | 0.8 | 0.7 |
| Ever Been in Job Training | | |
| Never | 96.5 | 78.0 |
| Dropped Out | 1.4 | 0.7 |
| Attending | 1.0 | 18.4 |
| Completed | 1.2 | 2.8 |
| Currently Working in Paid Employment | | |
| No | 90.0 | 66.0 |
| 1-20 hours | 8.5 | 9.2 |
| 21-40 hours | 1.5 | 24.8 |

| | % ASSC (n=518) | % YR (n=141) |
|---|---|---|
| **Health Characteristics** | | |
| Parenting Status | | |
| Pregnant | 45.2 | 4.3 |
| Parent | 50.0 | 1.4 |
| Both pregnant and parent | 4.4 | 0.0 |
| Neither pregnant nor parent | 0.4 | 94.3 |
| Number of Live Births | | |
| None | 45.8 | 98.6 |
| One | 49.6 | 1.4 |
| Two | 4.6 | 0.0 |
| Ever Had Sex | | |
| No | 0.0 | 42.0 |
| Yes | 100.0 | 58.0 |
| Ever Used Birth Control | | |
| No | 33.6 | 61.6 |
| Yes | 66.4 | 38.4 |
| Percent of Teens Who Were Ever Sexually Active and Ever Used Birth Control | 66.4 | 66.3 |
| Percent of Teens Who Had Sex In The Past Three Months and Used Birth Control in the Past Three Months | NA | 62.1 |

| | % ASSC (n=518) | % YR (n=141) |
|---|---|---|
| **Client Assessment** | | |
| Client's Level of Need to Get Services in Case Plan (e.g. education, health, child care services) | | |
| Client can get more services on own | 17.0 | 34.8 |
| Needs some assistance | 71.2 | 63.8 |
| Unable to get services on own | 11.8 | 1.4 |
| Client's crisis level | | |
| Not in crisis | 23.6 | 51.8 |
| Facing some challenges | 67.4 | 46.1 |
| Overwhelmed – multiple crises | 9.1 | 2.1 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

Figure 20:
Percent of Sexually Active Teens Using Birth Control by Program:
*One in three sexually active teens is not using birth control*

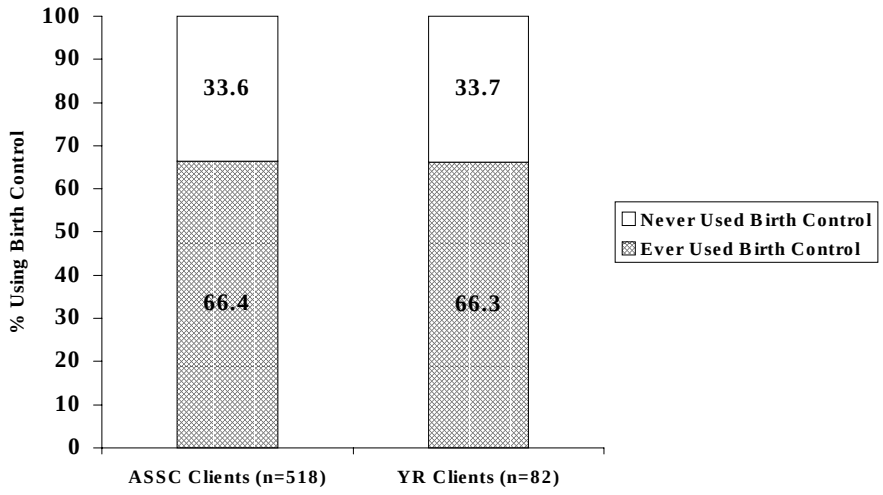



Figure 20 shows that the rate of birth control use for both, ASSC clients and YR clients who are sexually active, is the same. Sixty-six percent of all sexually active teens in the Youth Success Program are using contraception. This means one in three high risk sexually active teens is not using birth control.

## III. DISCUSSION/RECOMMENDATIONS

This process evaluation is a baseline study of the Department of Human Services Youth Success Program. It provides an overview of the background data showing that Rhode Island has consistently had the highest teen birth rate in New England for the past seven years, and that teens on Medicaid are much more likely to have repeat births. Compared to all pregnant teens on Medicaid pregnant teens newly enrolled in the ASSC program are more likely to be young, minority race and less educated.

Klerman [4] in a recent analysis of teen pregnancy programs found that teen pregnancy programs that were successful in postponing second pregnancies had the following four components (1) Close and sustained one-to-one relationships with teen mothers lasting up to two years if possible (2) Effective trained personnel who are able to provide credible persuasive counseling in sensitive areas such as family planning and domestic violence (3) Emphasis on family planning is key -- many programs focus on maternal and child health outcomes and do not promote contraception and (4) Encourage completion of school before next pregnancy.

Recommendations:

- Identify performance goals/measures at each site (e.g., repeat pregnancy, education status, contraception)
- Conduct Consumer Satisfaction Survey/Focus Groups with teen mothers
- Further define standards of service for targeted case management for pregnant and parenting teens
- Create a data set that links InRhodes data, MMIS claims and birth file to describe population receiving ASSC case management and to determine if case management services are effective

[4] Klerman L Another Chance: Preventing Additional Births to Teen Mothers, National Campaign to Prevent Teen Pregnancy, 2004.

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# Appendix 1

## Teen Births in Rhode Island:  A Needs Assessment

# Teen Births in Rhode Island: A Needs Assessment

Prepared by:
Jane Griffin, MPH
Medicaid Research and Evaluation Project
Adolescent Self-Sufficiency Collaborative Evaluation
November 2001
(Updated 3/02)

# Table of Contents

## Components of ASSC Program Evaluation

1. Conduct needs assessment of teen births in Rhode Island using existing data sets to describe unmet need.

2. Present need assessment results to stakeholder groups (DHS staff, ASSC staff, Evaluation subcommittee) to discuss findings, identify unmet need and define areas for focus group and survey questions

3. Conduct focus groups with teen mothers on Medicaid to determine barriers in 1) postponing pregnancy, 2) establishing paternity, 3) health social services, and 4) to self-sufficiency as well as other areas of interest developed by stakeholder groups.

4. Conduct phone survey of random sample of female teens on Medicaid (ASSC participants, non-ASSC participants)

# Why is the Rhode Island teen birth Rate highest in New England?

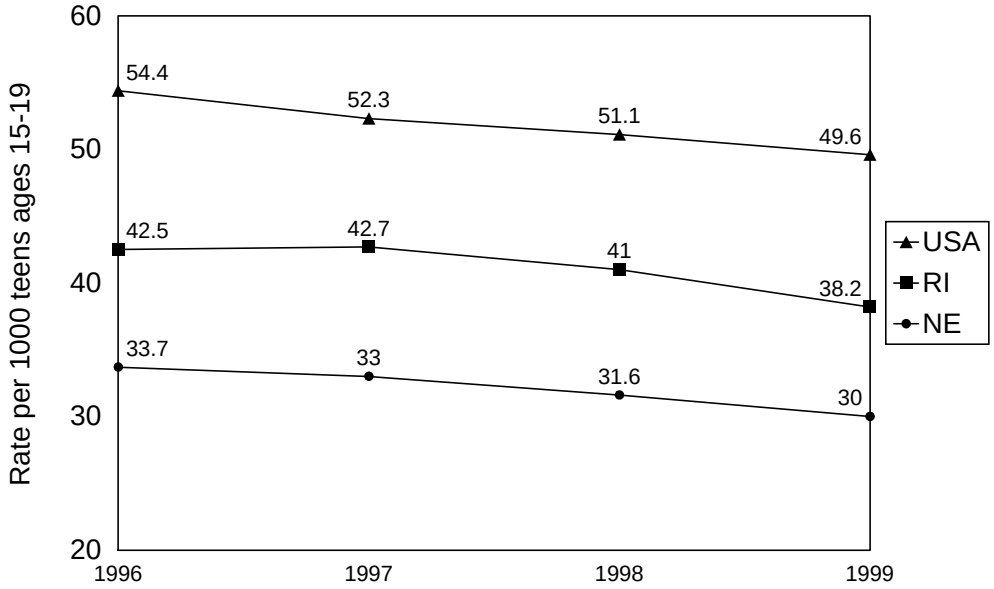
**From 1996 to 1999 Rhode Island had a higher rate of teen births than the other New England states. Risk factors that contribute to this higher rate in Rhode Island are:**

- Rhode Island has the highest poverty rate in New England

- Rhode Island has the highest rate of high school dropouts and teens not working

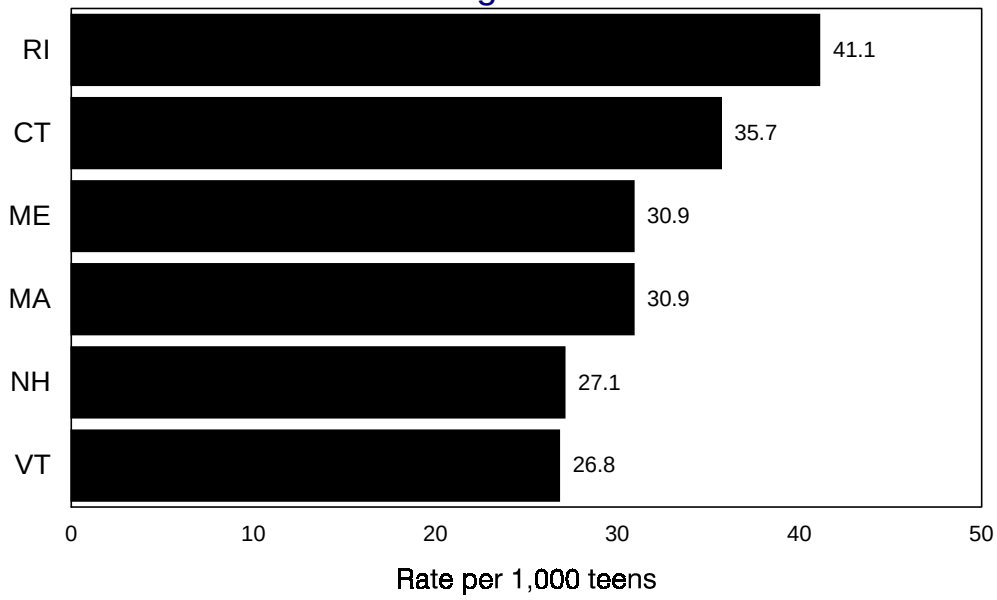
- Rhode Island has more barriers to family planning services than other New England states

## Figure 1
## Teenage Birth Rates Ages 15-19
## USA, New England and Rhode Island
## 1996-1999



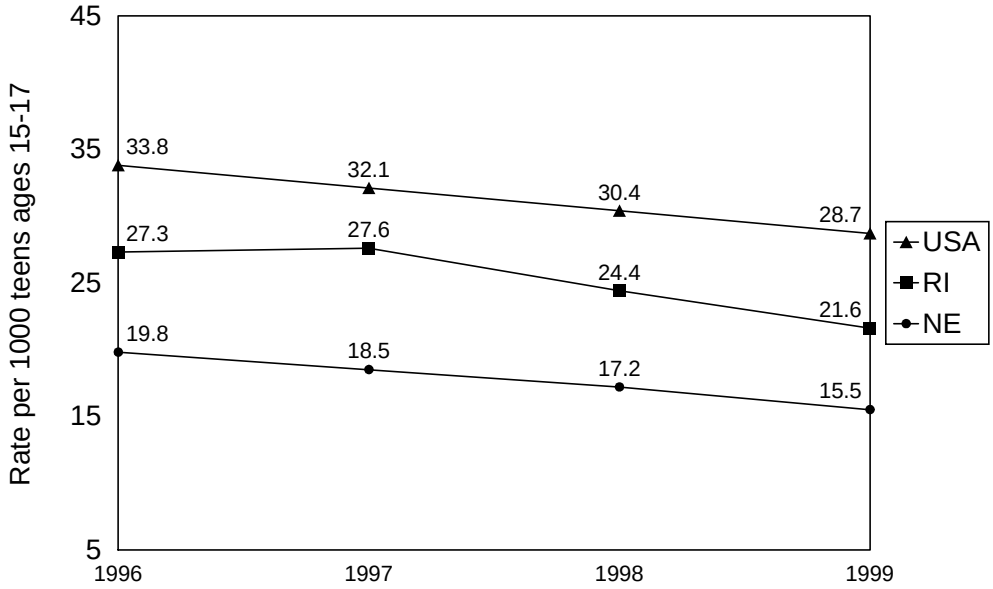

Data Source: National Center for Health Statistics
National Vital Statistics Report (NVSR) 1996-1999

## Figure 2
# Teenage Birth Rate Ages 15-19
## Four Year Average 1996-1999
## New England States



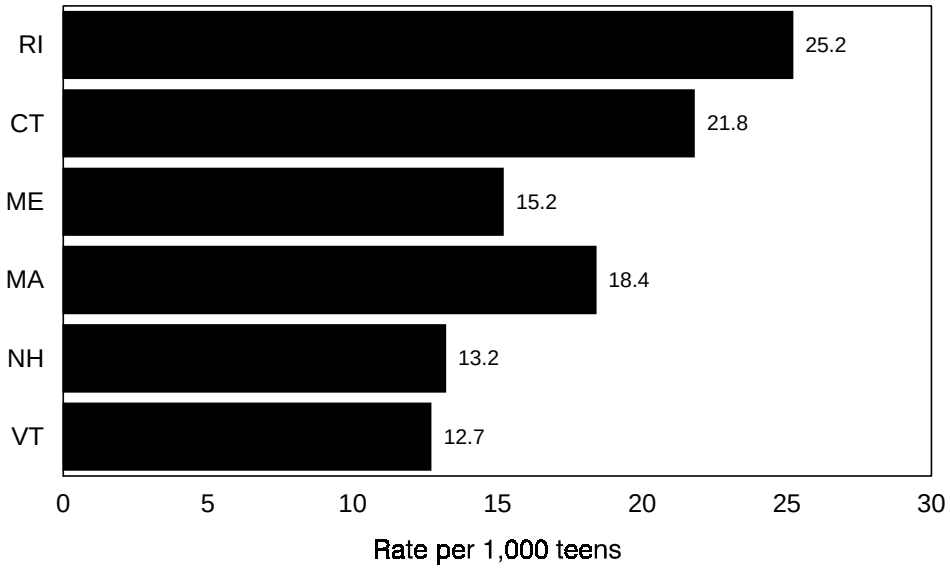

Data Source: National Center for Health Statistics
National Vital Statistics Report (NVSR) 1996-1999

## Figure 1a
## Teenage Birth Rates Ages 15-17
## USA, New England and Rhode Island
## 1996-1999



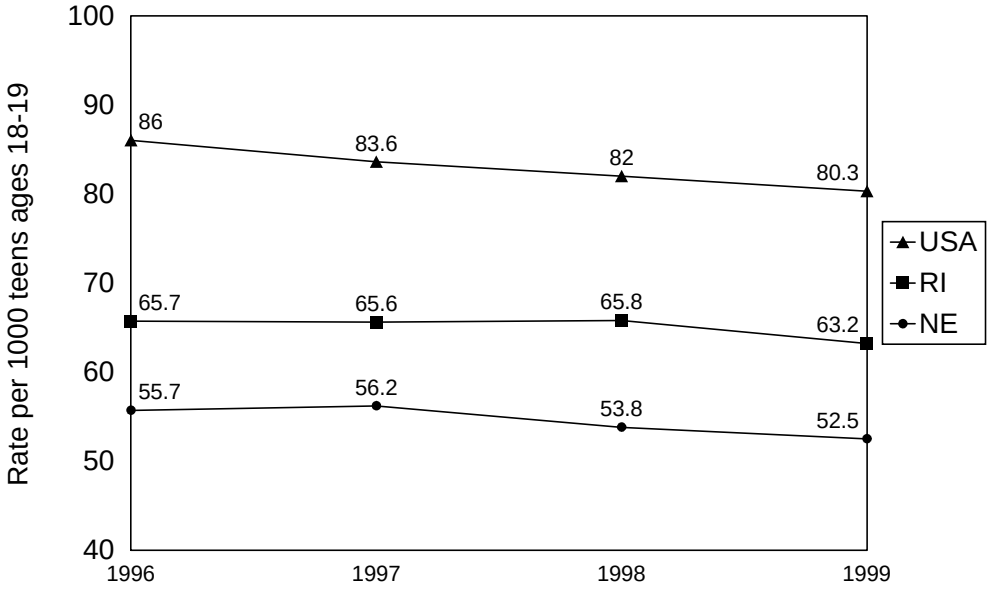

Data Source: National Center for Health Statistics
National Vital Statistics Report (NVSR) 1996-1999

## Figure 2a
# Teenage Birth Rate Ages 15-17
## Four Year Average 1996-1999
## New England States



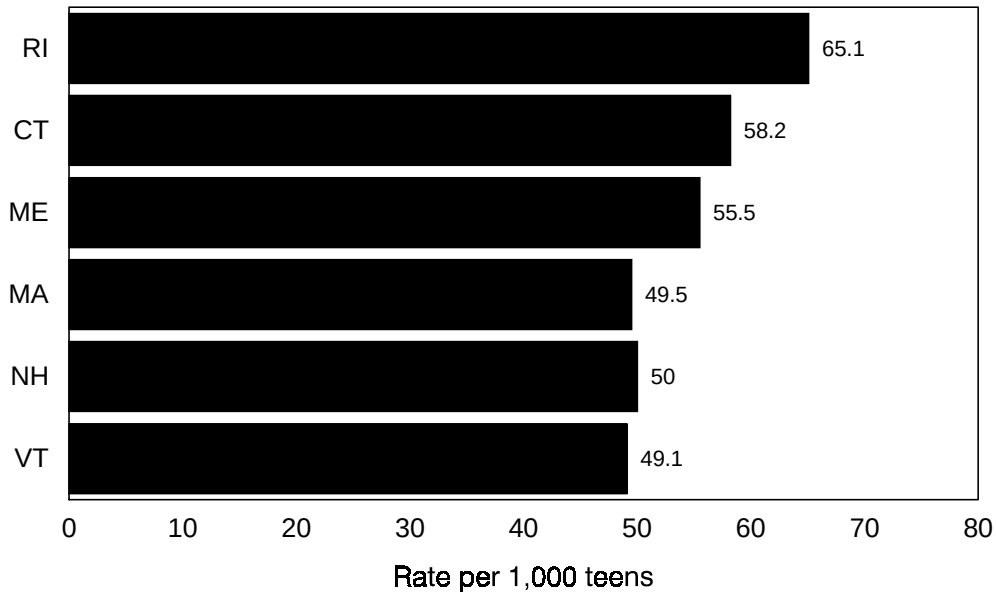

Data Source: National Center for Health Statistics
National Vital Statistics (NVSR) 1996-1999

## Figure 1b
## Teenage Birth Rates Ages 18-19
## USA, New England and Rhode Island
## 1996-1999




Data Source: National Center for Health Statistics
National Vital Statistics Report (NVSR) 1996-1999

## Figure 2b
# Teenage Birth Rate Ages 18-19
## Four Year Average 1996-1999
## New England States

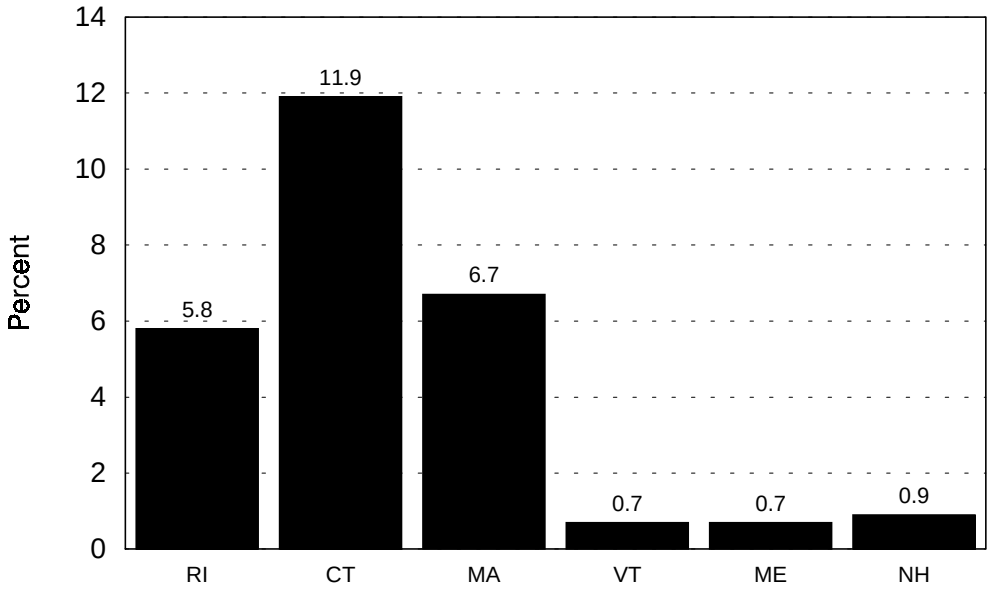



Data Source: National Center for Health Statistics
National Vital Statistics (NVSR) 1996-1999

**Table 1 - Why is RI Teen Birth Rate Highest in New England?**
**Risk Factors for Teen Pregnancy Selected**
**to Determine why Rhode Island Has**
**High Teen Birth Rate**

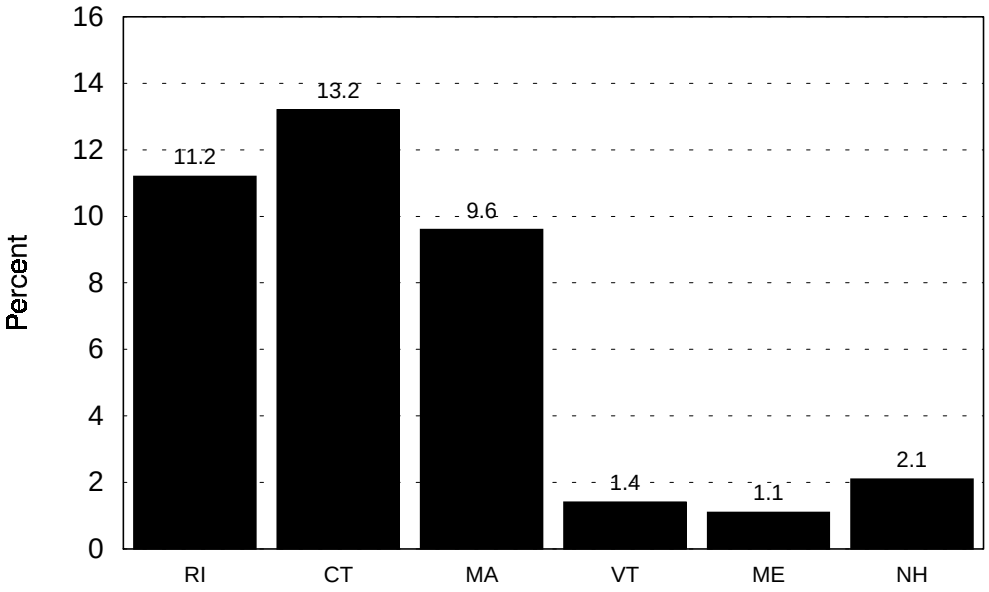
| Risk Factor Associated with Teen Pregnancy Documented in Scientific Literature | Uniform Quantitative Measure Across States | Comments on Risk Factors not Used |
|---|---|---|
| 1. Black Race | * | |
| 2. Hispanic Ethnicity | * | |
| 3. Single Parent Families | * | |
| 4. Poverty | * | |
| 5. Barriers to Family Planning | * | |
| 6. High School Dropout | * | |
| 7. Contraceptive Education in School | * | not continuous |
| 8. TANF Cash Benefit | * | |
| 9. Drug Use | * | |
| 10. Previous Pregnancy | * | |
| 11. Contraceptive Use | | |
| 12. Not in school or working | * | |
| 13. Alcohol Use | * | |
| 14. Rape Law Enforcement | * | minimal effect |
| 15. Religion/Church attendance | * | mixed results in literature |
| 16. Divorce/Family Disruption | * | |
| 17. Pregnant Sister | | |

## Risk Factor #1
## Percent of Black Female Population ages 15-19
## by New England States



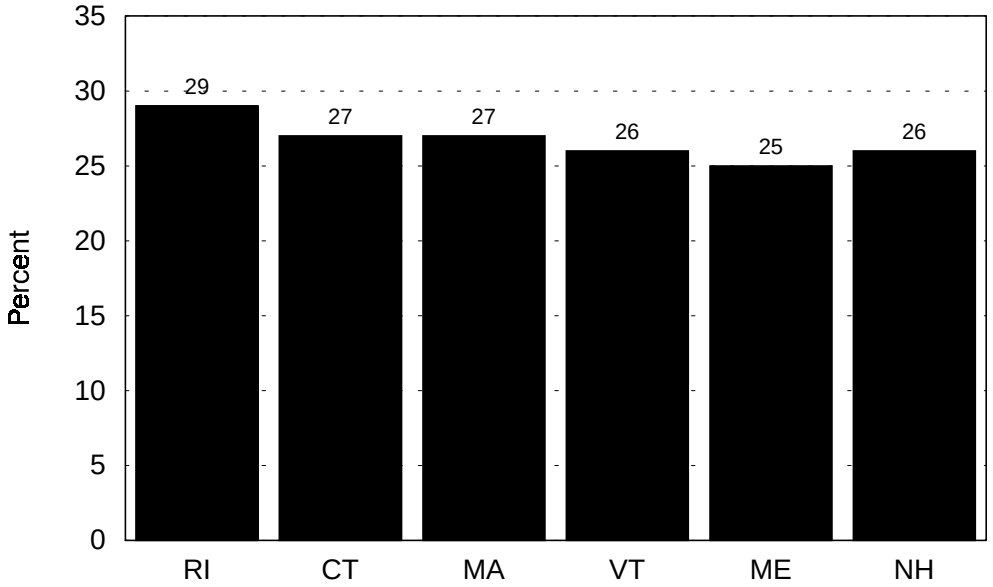

Data Source: US Census, 2000

## Risk Factor #2
## Percent of Hispanic Female Population ages 15-19
## by New England States



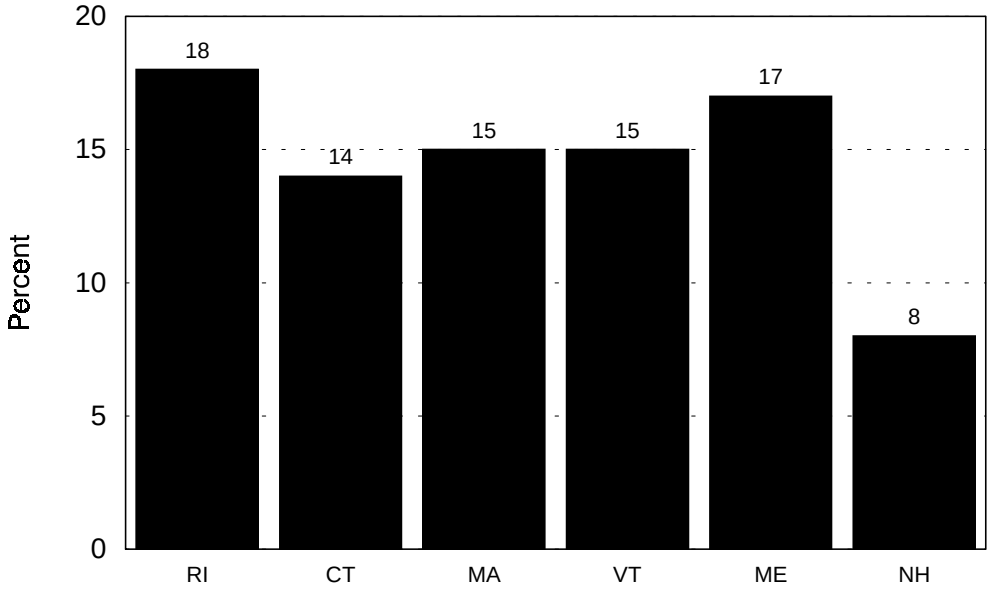

Data Source: US Census, 2000

## Risk Factor #3
## Percent of Families with Children Headed by a Single Parent: 1997



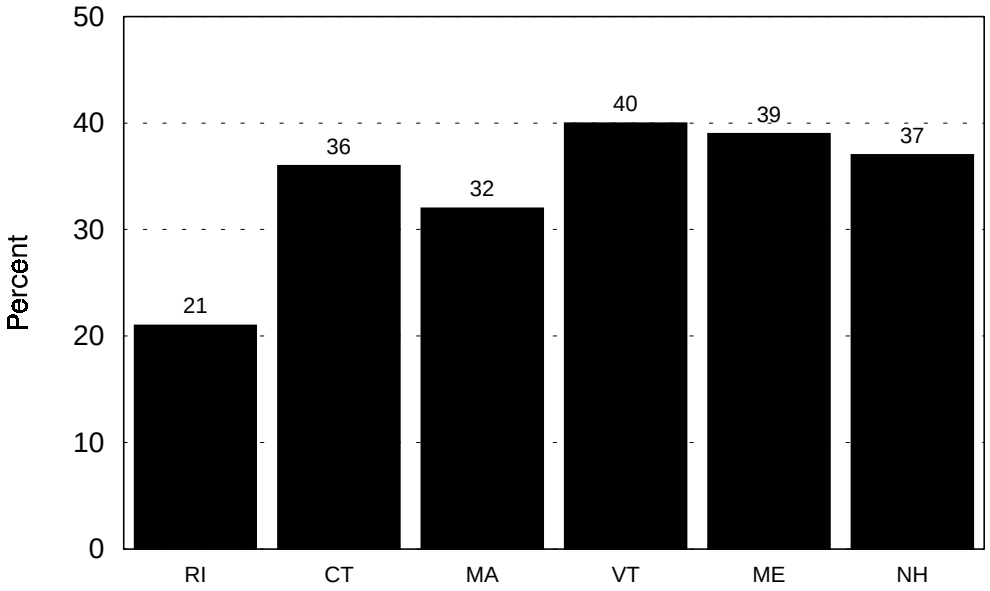

Data Source: Special tabulations of 1989-1998 Current Population Survey microdata
Prepared by the U.S. Bureau of Labor Statistics

## Risk Factor #4
## Percent of Children Living in Poverty by New England States



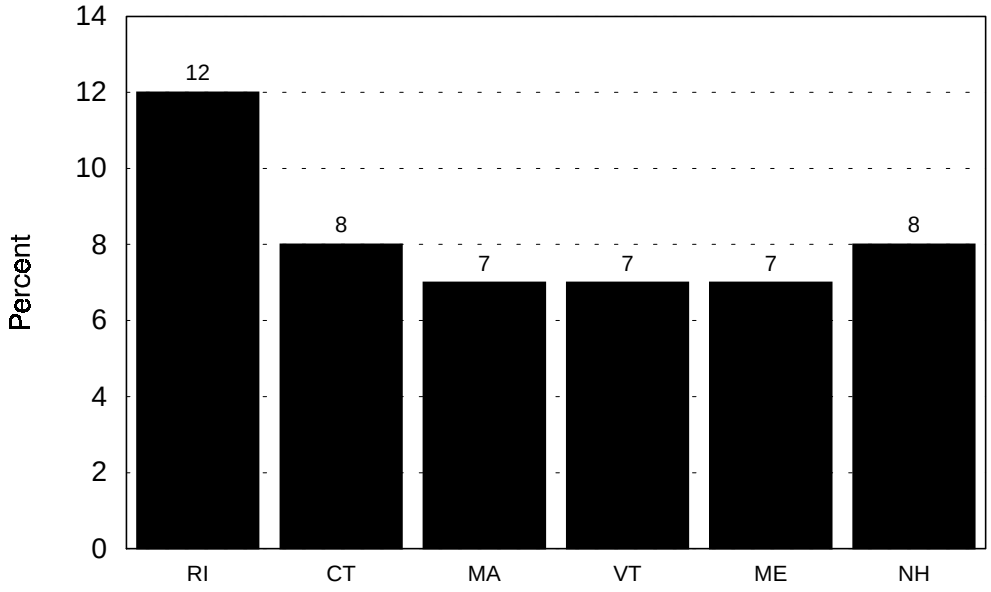

Data Source: U.S. Census Bureau, Small Area Income and Poverty Estimates Program
Poverty reflects data from 1997

## Risk Factor #5
## Percent of Sexually Active Teens Who Receive Publicly Funded Contraceptive Services by New England States




Data Source: Alan Guttmacher Institute, 1999

## Risk Factor #6
## Percent of Teens (ages 16-19) who are High School Dropouts by New England States

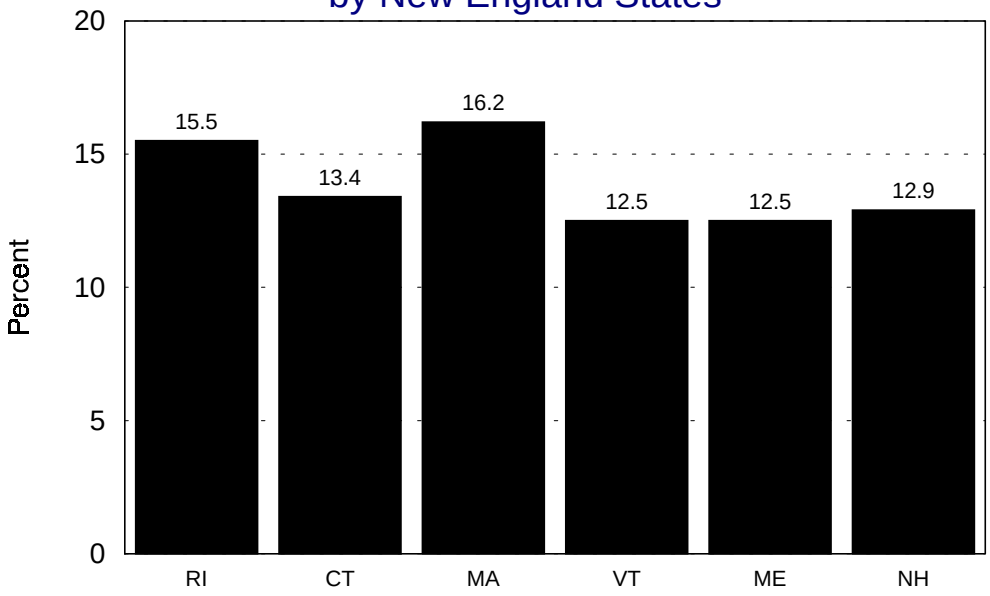



Data Source: Special tabulations of the 1989-1998 Current Population Survey microdata
Prepared by the U.S. Bureau of Labor Statistics

## Risk Factor #7
## Maximum Monthly TANF Benefit for Family of Three
## by New England States

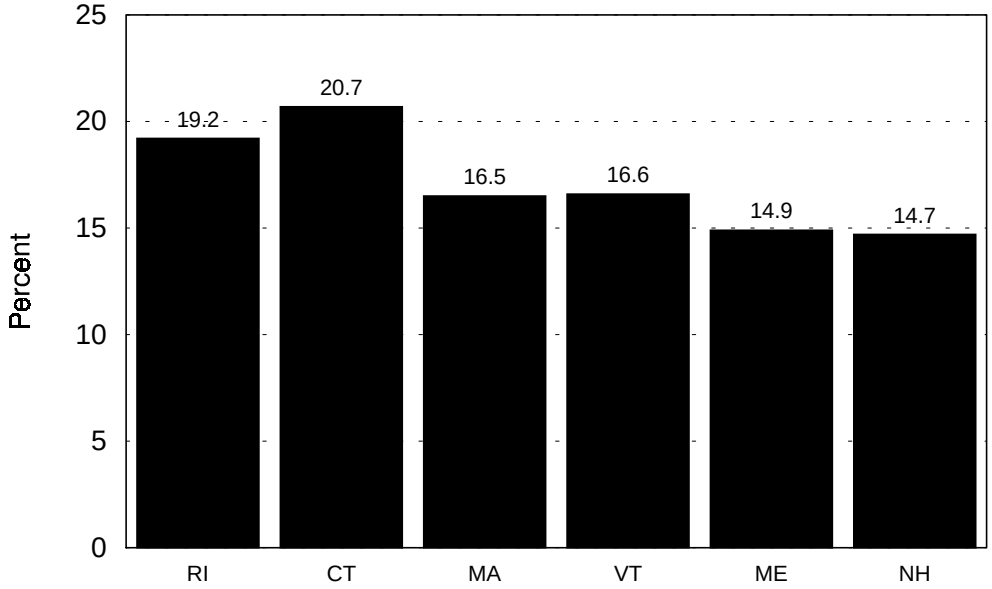

Data Source: U.S. Dept. of Health and Human Services, Administration for Children and Families, 1999

## Risk Factor #8
## Percent of Teens 12-17
## Reporting Past Month Use of Any Illicit Drug
## by New England States



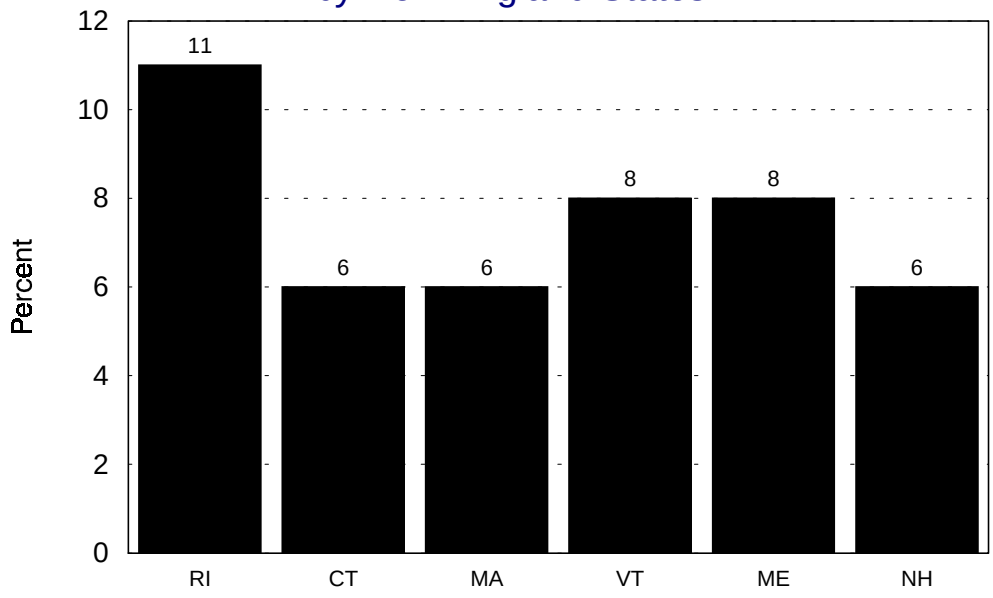

Data Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999

## Risk Factor #9
## Percent of Teen Births to Women Who Were Already Mothers by New England States



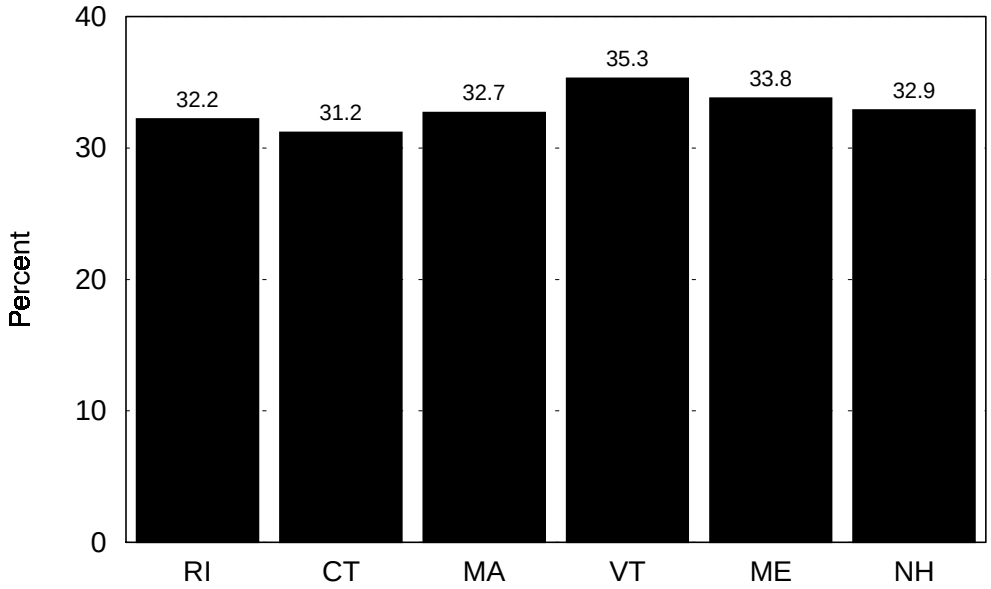

Data Source: Child Trends KIDS COUNT Special Report, 1998

## Risk Factor #10
## Percent of Teens Not Attending School and Not Working by New England States



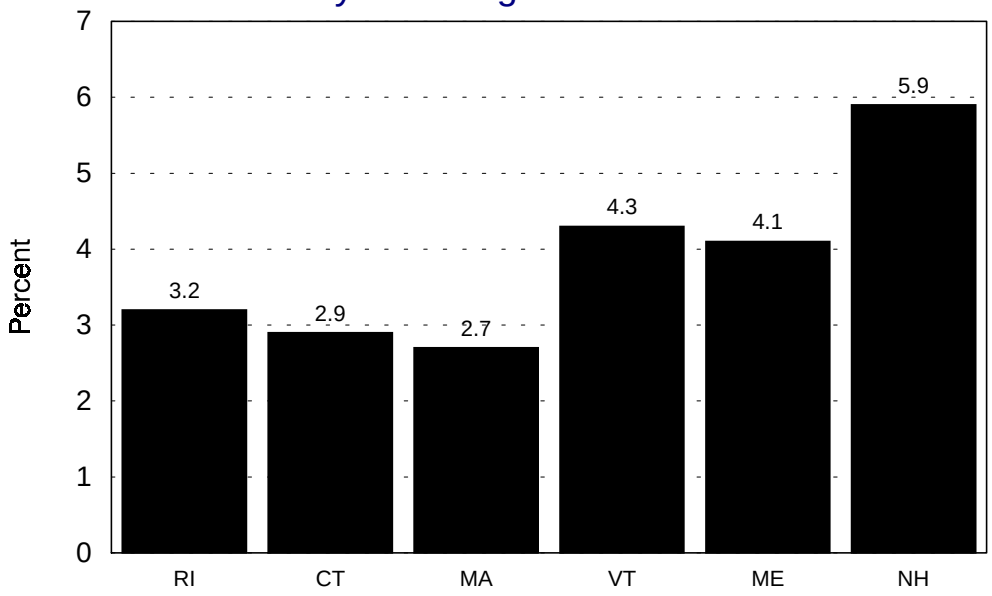

Data Source: Special tabulations of the 1989-1998 Current Population Survey microdata
Prepared by the U.S. Bureau of Labor Statistics

## Risk Factor #11
## Percent of Students who had five or more alcoholic drinks in a row in the past thirty days: 1997




Data Source: National Institute of Alcohol Abuse and Alcoholism

## Risk Factor #12
## Divorce Rate Per 1,000 People by New England States




Data Source: National Center for Health Statistics, 1998

# State Policies Affecting Teen Childbearing

| | Policy #1<br><br>Parental involvement required for abortion | Policy #2<br><br>Allows Medicaid to fund abortions | Policy #3<br><br>Sexual education In public schools must include contraception | **Total number of policies that reduce teen childbearing** |
|---|---|---|---|---|
| **RI** | yes | no | yes | 1 |
| **NH** | no | no | no | 1 |
| **ME** | no | no | yes | 2 |
| **MA** | yes | yes | yes | 2 |
| **VT** | no | yes | yes | 3 |
| **CT** | no | yes | yes | 3 |
| | | | | |
| Data Sources: | | | | |
| Policy #1 The Alan Guttmacher Institute, 2001 | | | | |
| Policy #2 NARAL Foundation, 2001 | | | | |
| Policy #3 The Urban Institute, 2000 | | | | |

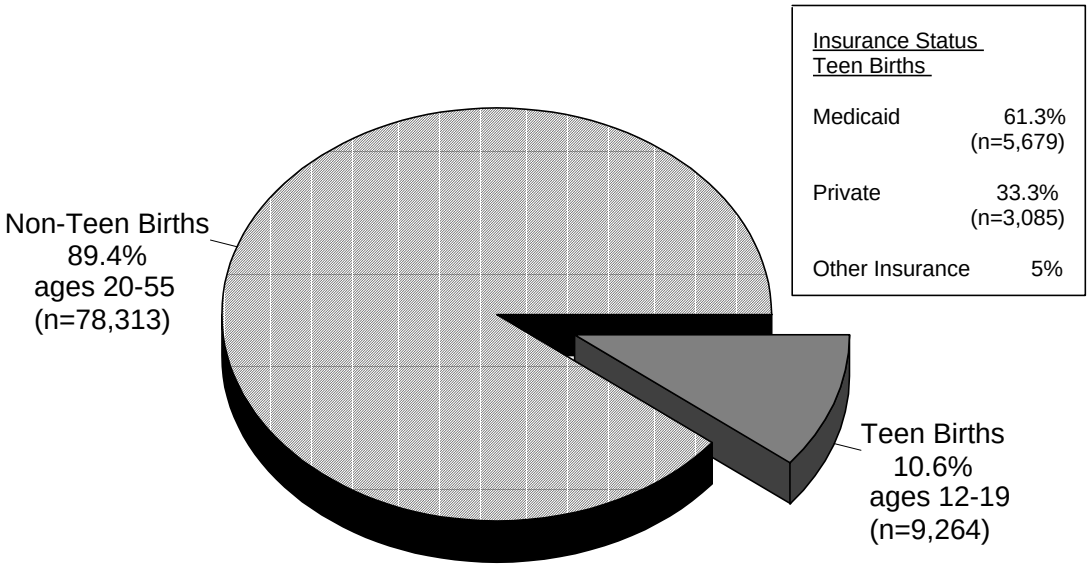
# Teen birth rate is higher among Medicaid recipients than privately insured

- One in ten births in Rhode Island is to a Teenager

- Medicaid pays for 2 out of 3 teen births

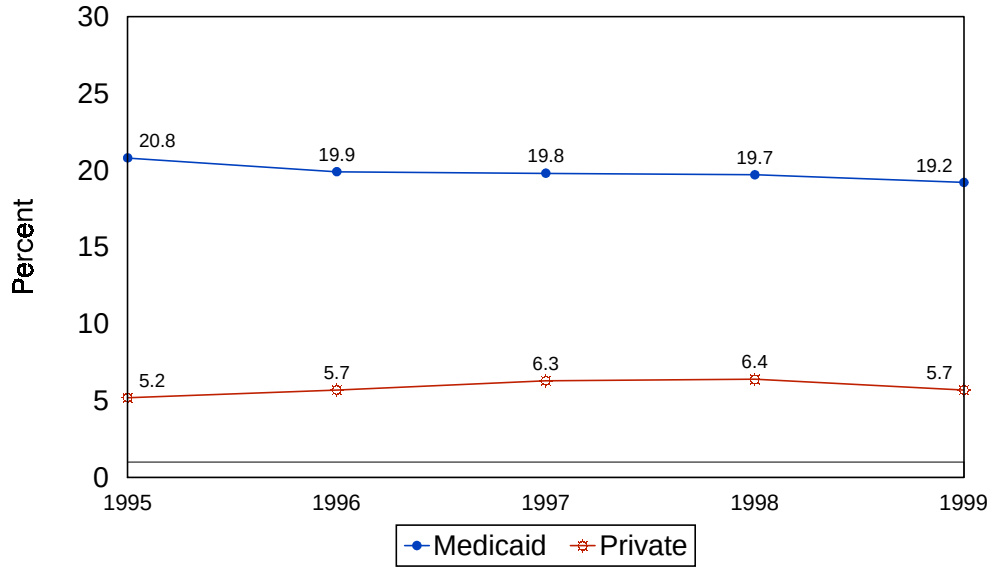
- One in five Medicaid births is to teenagers compared to one in twenty private births

## Figure 3
## Age Distribution of Rhode Island Births with Insurance Status of Teen Births




Data Source: Medicaid Research and Evaluation Project, Rhode Island Department of Human Services
Vital Statistics Birth File - Rhode Island Department of Health 1993-1999 (n=87,600)

## Figure 4
## Percent of Total Births to Teenagers by Insurance Status 1995-1999



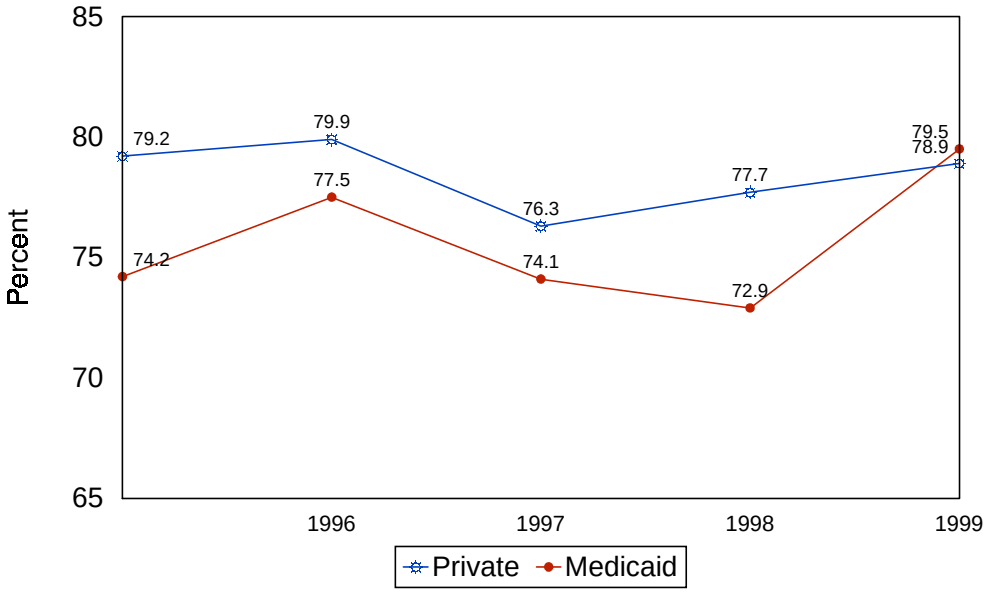

Data Source: Medicaid Research and Evaluation Project
Vital Statistics Birth File - RI Births to women <20 years old (n = 9,264)

# Access to Prenatal Care has improved for teenagers on Medicaid

- In 1995 58.2% of pregnant teens on Medicaid received adequate prenatal care, in 1999 this rate increased to 71.5%

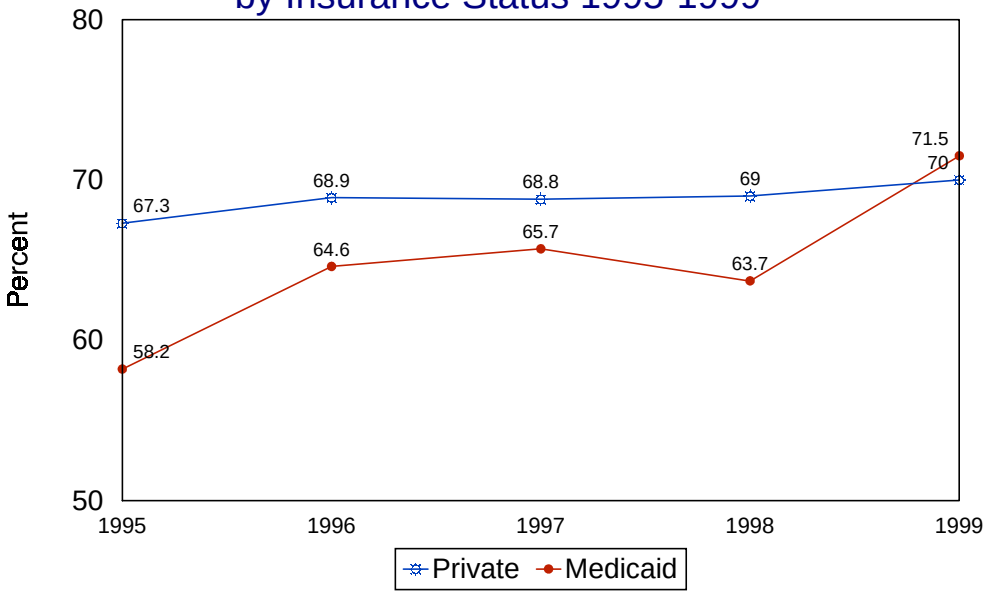
- Published research has shown this improvement is due to RIte Care

## Figure 5
## Percent of Pregnant Teenagers who Began Prenatal Care in First Trimester by Insurance Status 1995-1999




Data Source: Medicaid Research and Evaluation Project
Vital Statistics Birth File - RI Births to women <20 years old (n = 9,264)

## Figure 6
## Percent of Pregnant Teenagers who Received Adequate/Adequate+ Prenatal Care by Insurance Status 1995-1999



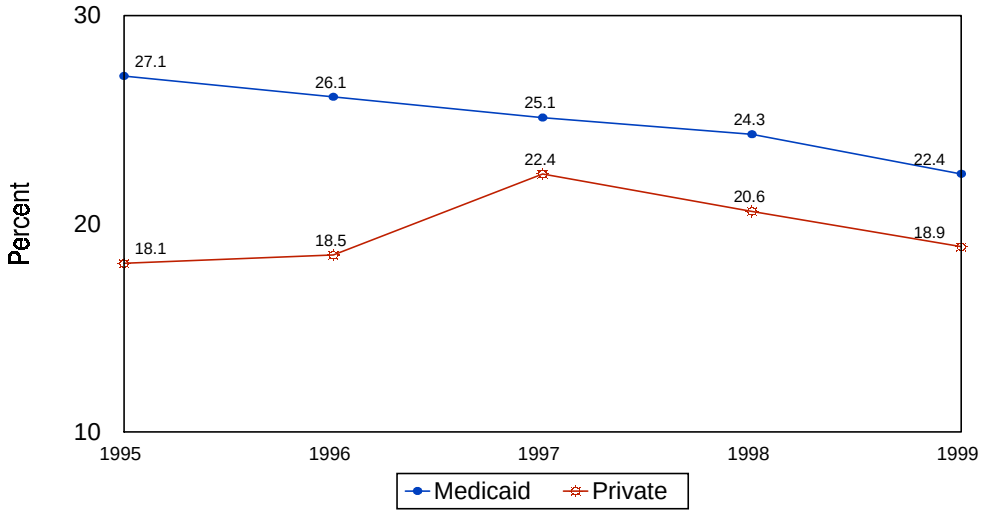

Data Source: Medicaid Research and Evaluation Project
Vital Statistics Birth File - RI Births to women <20 years old (n = 9,264)

# The rate of maternal smoking is decreasing among Rhode Island Teens on Medicaid

- In 1995 27.1% of Rhode Island pregnant teens on Medicaid smoked. In 1999 that rate dropped to 22.4%

- The rate of smoking among privately insured teens has increased

Figure 7
Percent of Pregnant Teenagers who Smoke Cigarettes*
by Insurance Status 1995 - 1999

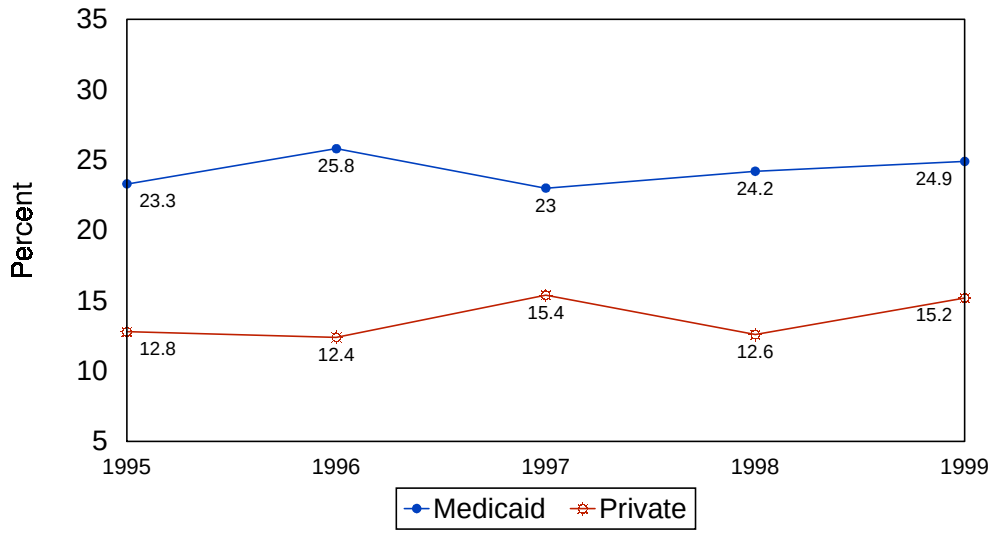



Data Source: Medicaid Research and Evaluation Project
Vital Statistics Birth File - RI Births to women <20 years old (n = 9,264)

# The rate of repeat births is increasing for all teens and is higher for teens on Medicaid

- The rate of repeat births among Rhode Island teens on Medicaid is 1.5 times higher than privately insured teens

## Figure 8
## Percent of Teen Mothers with Previous Live Births by Insurance Status 1995 -1999



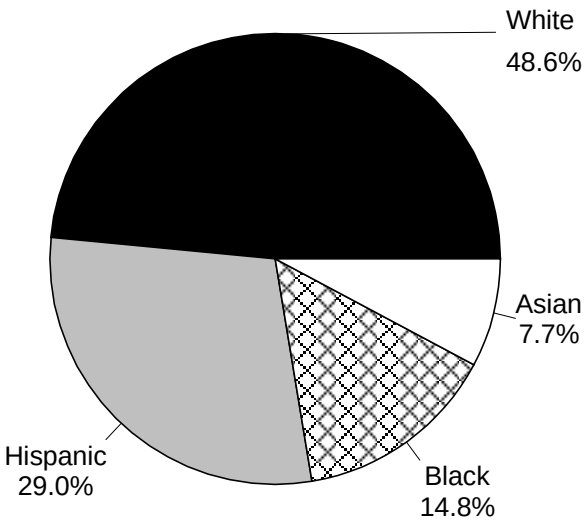

Data Source: Medicaid Research and Evaluation Project
Vital Statistics Birth File - RI Births to women <20 years old (n = 9,264)

# Minority teen mothers are more at risk

- Black teens have lowest rate of marriage (1.9%), highest rate of repeat births (30.5%) and highest rate of low birth weight (12.8%)

- Hispanic teens have highest rate of marriage (12.3%), lowest rate of high school completion (44.2%)

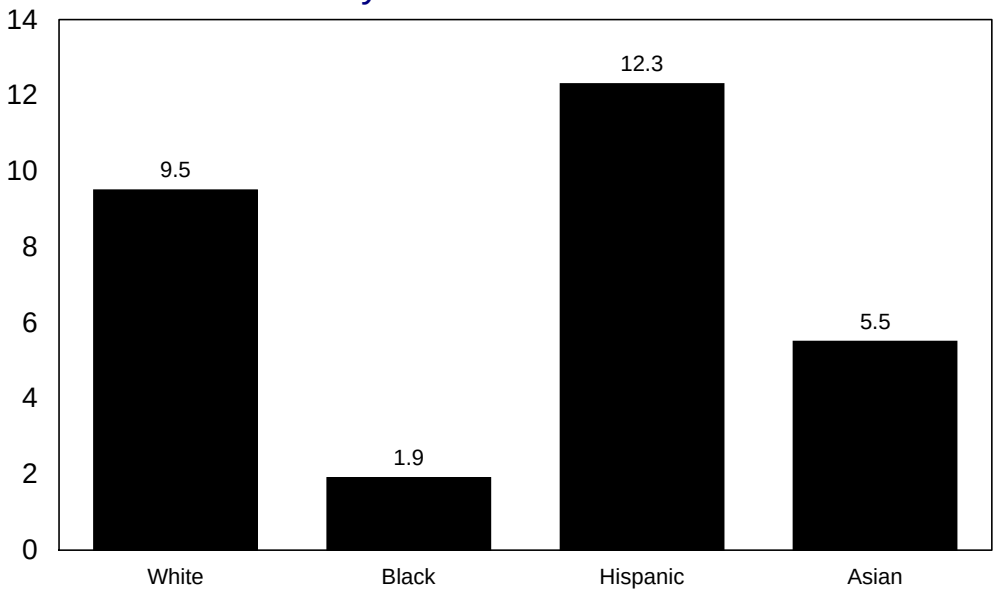
## Figure 9
## Race/Ethnic Distribution of Medicaid Teen Births
## <20 years old 1993-1997




(N=5,677)

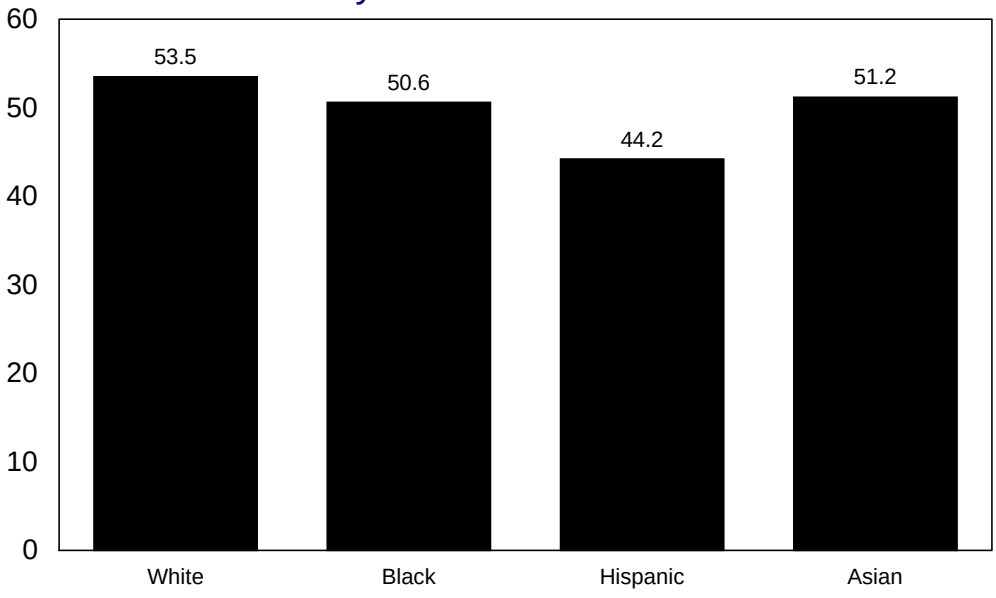
Data Source: Medicaid Research and Evaluation Project, Department of Human Services
Vital Statistics Birth File, Department of Health

## Figure 10
## Percent of RI Teen Births to Married Mothers on Medicaid by Race 1993-1997



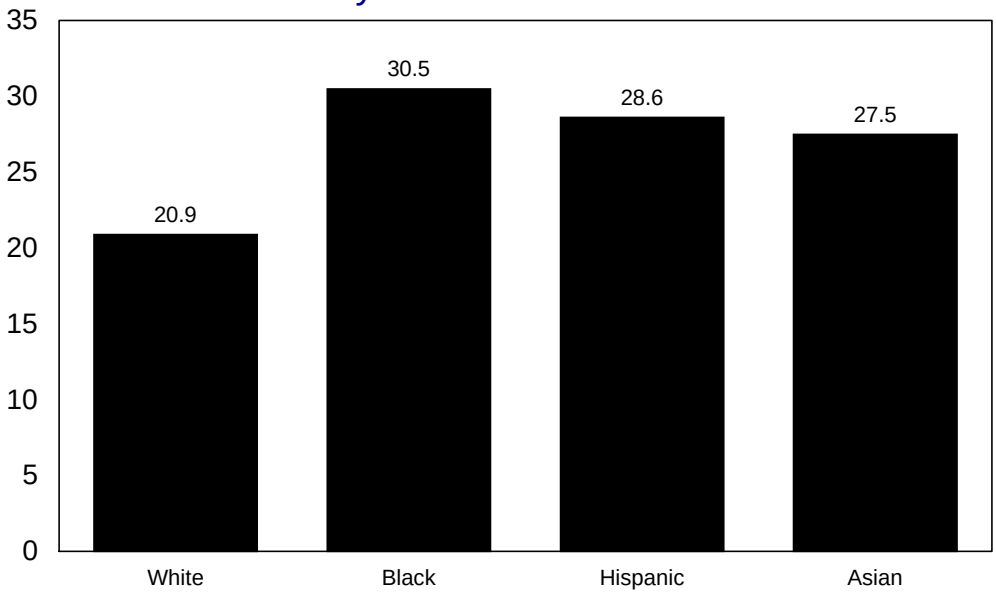

Data Source: Medicaid Research and Evaluation Project, Department of Human Services
Vital Statistics Birth File, Department of Health (n=5,677)

## Figure 11
## Percent of RI Teen Mothers on Medicaid > = 18 years old who have Completed High School by Race 1993-1997



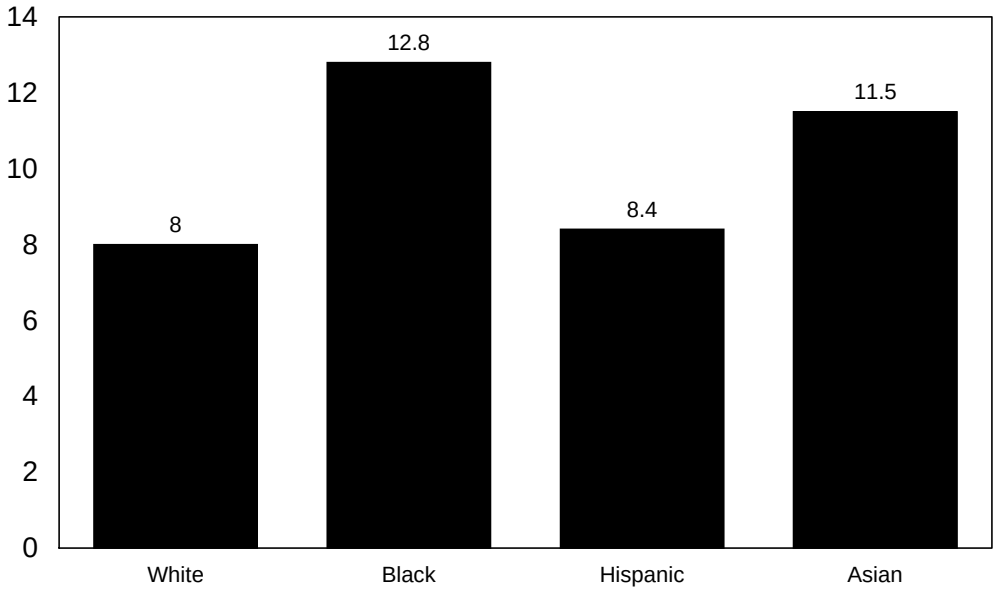

Data Source: Medicaid Research and Evaluation Project, Department of Human Services
Vital Statistics Birth File, Department of Health (n=5,677)

## Figure 12
## Percent of Teen Births to Women on Medicaid who were Already Mothers by Race 1993-1997




Data Source: Medicaid Research and Evaluation Project, Department of Human Services
Vital Statistics Birth File, Department of Health (n=5,677)

## Figure 13
## Percent of Low Birthweight Infants Born to Teen Mothers on Medicaid by Race 1993-1997

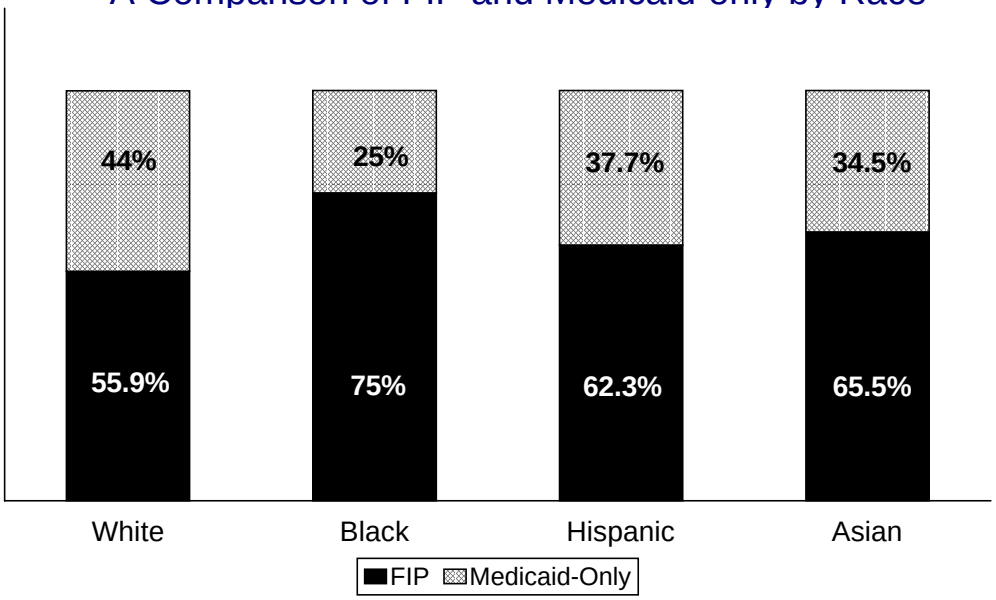



Data Source: Medicaid Research and Evaluation Project, Department of Human Services
Vital Statistics Birth File, Department of Health (n=5,677)

# FIP teen mothers have different characteristics than Medicaid-only teen mothers

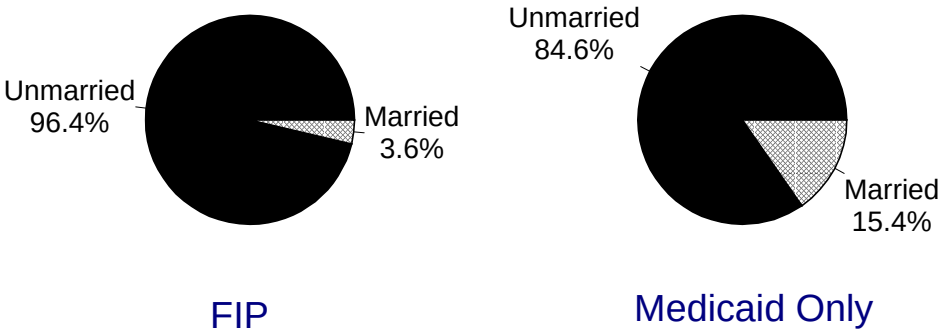
- FIP teen mothers are more likely to be minority, unmarried, with less than high school education, second time mothers, and smokers

## Figure 14
## Characteristics of 1999 Teen Births on Medicaid
## A Comparison of FIP and Medicaid-only by Race




Data Source: Medicaid Research and Evaluation Project
Vital Statistics Birth File, 1999
SOBRA Claims File, 1999
Enrollment File, 1999

# Figure 15
# Characteristics of 1999 Teen Births on Medicaid: A Comparison of FIP and Medicaid-Only by Marital Status




FIP

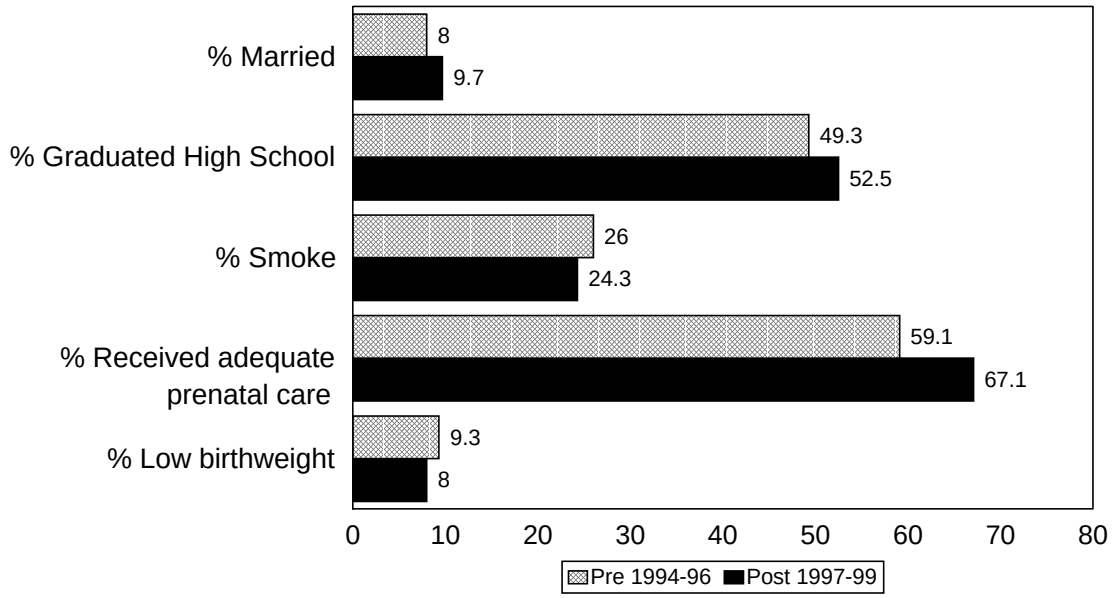
Medicaid Only

Data Source: Medicaid Research and Evaluation Project
Vital Statistics Birth File, 1999
SOBRA Claims File, 1999
Enrollment File, 1999

# Characteristics of Teen Births on Medicaid have changed since implementation of Welfare Reform

- Post welfare reform teen mothers on Medicaid are more likely to be married, graduated high school and receive adequate prenatal care. They are less likely to smoke and have low birth weight babies

## Figure 16
## Characteristics of Medicaid Teen Births Pre/Post Welfare Reform




Data Source: Medicaid Research and Evaluation Project, Department of Human Services
Vital Statistics Birth File, Department of Health
(Births <20 years old=8,767)

Appendix 1

Number of Rhode Island Teenaged Births by Age and Insurance Status

| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | Total | % change 93-99 |
|---|---|---|---|---|---|---|---|---|---|
| Total 12-19 | 1444 | 1409 | 1267 | 1299 | 1322 | 1312 | 1211 | 9264 | -16.1 |
| Medicaid | 1065 | 987 | 721 | 790 | 718 | 713 | 683 | 5677 | -35.9 |
| Private | 336 | 374 | 425 | 453 | 509 | 529 | 460 | 3086 | 36.9 |
| Total Ages 12-14 | 23 | 37 | 24 | 31 | 25 | 34 | 16 | 190 | -30.1 |
| Medicaid | 17 | 28 | 14 | 19 | 15 | 24 | 12 | 129 | -29.4 |
| Private | 6 | 5 | 6 | 11 | 6 | 6 | 3 | 43 | -50 |
| Total Ages 15-17 | 570 | 562 | 463 | 492 | 506 | 455 | 405 | 3453 | -28.9 |
| Medicaid | 400 | 366 | 246 | 383 | 264 | 224 | 208 | 1991 | -48 |
| Private | 150 | 173 | 174 | 185 | 212 | 203 | 176 | 1273 | 17.3 |
| Total Ages 18-19 | 851 | 810 | 780 | 776 | 791 | 823 | 790 | 5621 | 7.2 |
| Medicaid | 648 | 593 | 461 | 488 | 439 | 465 | 463 | 3557 | -28.5 |
| Private | 180 | 196 | 245 | 257 | 291 | 320 | 281 | 1770 | 56.1 |

Data Source: Medicaid Research & Evaluation Project, Rhode Island Department of Human Services
Vital Statistics Birth File - Rhode Island Department of Health, 1993-1999

## Appendix 2

## Number of RI Teens (<20 years) by Year and Insurance

Appendix 2
Number of RI Teen Births (<20 years) by Year and Insurance

| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Teen Births <20 yrs | 1,444 | 1,409 | 1,267 | 1,299 | 1,322 | 1,312 | 1,211 | 1,255 | 1,229 | 1,160 | **12,908** |
| Medicaid Teen Births | 1,065 | 987 | 721 | 790 | 718 | 713 | 683 | 839 | 870 | 803 | **8,189** |
| % of Total teen Births | 73.7 | 70.1 | 56.9 | 60.8 | 54.3 | 54.3 | 56.4 | 66.8 | 70.8 | 69.2 | **63.4** |

* Insurance – self- reported by mother at delivery

# Appendix 3

## Youth Success (ASSC & YR) Intake Form

## I. Youth Success (ASSC&YR) Intake Form – Final 3/26/03
## Start filling out for new intakes - April 1, 2003

1. ASSC/YR Site Number (automatic assignment)

2. Client ID (automatic assignment)

3. Client Name (First name, First initial of last name) _____

4. Client Social Security# ____ ____ ____ ____ ____ ____ ____ ____ ____

5. Client Date of Birth (mm/dd/yy) ____ ____ ____ ____ ____ ____

6. Today's Intake Date ____ ____ ____ ____ ____ ____

7. Date of First Enrollment in ASSC/YR Program ____ ____ ____ ____ ____ ____

8. City of Residence ____ ____

9. Program
   1=Adolescent Self Sufficiency (ASSC) ____
   2=Youth Responsibility (YR)

10. Gender ____
    1=female
    2=male

11. What is your Race/Ethnicity? ____
    1=White
    2=Black
    3=Hispanic
    4=Asian
    5=Other

12. Today's Intake Status ____
    1=Pregnant (if male has pregnant girlfriend/wife)
    2=Parent
    3=Both pregnant and a parent
    4=Neither pregnant or a parent

13. Estimated date of delivery (EDD) –(blank if not pregnant) ____ ____ ____ ____ ____ ____

14. How many live births have you had? (if male #children fathered) ____
    (0=no live births)

15. What is your marital status? ____
    0=Single, never married
    1=Married
    2=Separated/divorced
    3=Widowed

16. What kind of health insurance do you have? ____
    0=None
    1=Medicaid/RIte Care
    2=Private/Commercial

17. Are you on FIP? ____
    0=no
    1=yes
    2=yes,pending
    3=yes, sanctioned

18. Are you in school or GED program? ____
    0=Not in school
    1=In school, GED, ESL program
    2=Graduated from high school/completed GED

19. What is highest grade of school you have completed? ____ ____

20. How many GED Tests have you passed? (0-5) ____

21. Have you ever been in a job training program? ____
    0=Never in training program
    1=Dropped out of training program
    2=Attending training program
    3=Completed training program

22. How many hours a week do you work in paid employment? ____ ____
    (00=not working)

23. Have you ever had sex? ____
    0=No
    1=Yes

24. Have you had sex in past three months? ____
    0=No
    1=Yes

25. Have you ever used contraceptives or birth control? ____
    0=No
    1=Yes

26. Have you used contraceptives or birth control in past three months? ____
    0=No
    1=Yes

27. Assess Client's level of need to get services in case plan ____
    (e.g., educational, childcare, job related etc)

    0= Low need – client can get most services
    in case plan on own
    1= Average need – needs some assistance
    2= High need – client needs extensive help from
    case manager, unable to get any services on own

28. Assess Client's crisis level ____
    0=Low - not currently in crisis
    1= Average – facing some challenges but not overwhelmed
    2=High – overwhelmed with multiple crises
    (e.g., domestic violence, substance abuse, homelessness)

# Appendix 4

# ASSC & YR Intake – Electronic Transfer Instructions to Sites

# ASSCYR Intake Instructions

* Double click the Intake Icon on the Windows desktop

*A Logon box will appear asking for name and password*
*In the white box underneath Name: type in "dhs" .*
*In the white box underneath Password: type in your assigned password*

The ASSCYR menu will appear *

## Step One: Enter Intakes

1. Click on the box next to Enter Intakes – a blank intake form will appear on the screen.
2. Enter information in the white boxes on your computer screen.
3. Use the Tab key to move from question to question
   *Note: All fields are required you will not be able to close the electronic form until the required questions are answered. To make corrections use backspace key*
4. Check entered information against the hard copy of your data form to ensure accuracy
5. Click enter button to save data – The ASSCYR menu will reappear.

## Step Two: Create Intake Email Transfer File

1. Click on the box next to Create Intake Email Transfer file.
2. Click on the OK button beneath the message "Create Intake Email Transfer File".
3. Click on the OK button beneath the message "Intake Email Transfer File Completed".
   *Note: the Intake Email Transfer File (Intake.mdb) has now been created and will automatically be stored in your computer's "c:\My documents" folder. This file is now ready to be sent through your email program* – The ASSCYR menu will reappear

## Step Three: Send Intake Email Transfer File

1. Click on the box next to Send Intake Email Transfer file.
2. Click on the OK button beneath the message "Program will now exit so you can send Intake"
3. Open your email program.
4. Email to: htartagl@dhs.ri.gov
5. Fill in your site code in the subject line (see site code attachment).
6. Attach the file "Intake" found in "c:\My Documents" folder.
   Note: each email program is different, we will assist you in how to attach this file with your particular program
7. Send email.

## Step Four: Create Intake Hard Copy

1. Double click the Intake Icon on the Windows desktop – The ASSCYR menu will appear
2. Click on the box next to create Intake hard copy
3. A filled out report will appear on the screen
4. Click on the print button
5. Click on X in upper right hand corner to close program

*Note: Save hard copy printout to match with end of month reports to ensure the number of intakes sent match number of intakes we have received*

## Step Five: Create Intake Summary Report

1. Double click the Intake Icon on the Windows desktop – The ASSCYR menu will appear
2. Click on the box next to create Intake Summary Report
3. A summary report will appear on your screen
4. Click on print button
   *Note: This summary report will list for you who has been entered and who has been sent. This is a good way to check if your data has been emailed successfully*
5. Click on X in upper right hand corner to close program

Please call Holly Tartaglia, Research Assistant if you have any questions at 462-6367 - email htartagl@dhs.ri.gov

# Appendix 5

# Data Submission and Reporting Schedule

| Youth Success Intake<br>Data Submission & Reporting Schedule<br>April 2003 – March 2004 | | | |
|---|---|---|---|
| For Intakes done the month of… | Email intakes to Holly **5th** business day from end of month: | Monthly Report Sent to Sites last Monday of month * | Quarterly Report Sent to Sites |
| April 2003 | May 7, 2003 | May 26, 2003 | |
| May | Jun 6 | Jun 30 | |
| June | Jul 7 | Jul 28 | |
| July | Aug 7 | Aug 25 | (Apr – Jun)<br>Aug 29, 2003 |
| August | Sep 5 | Sep 29 | |
| September | Oct 7 | Oct 27 | |
| October | Nov 7 | Nov 24 | (Jul – Sep)<br>Nov 28 |
| November | Dec 5 | Dec 29 | |
| December | Jan 7, 2004 | Jan 26, 2004 | |
| January 2004 | Feb 6 | Feb 23 | (Oct – Dec)<br>Feb 27, 2004 |
| February | Mar 5 | Mar 29 | |
| March | Apr 7 | Apr 26 | |

* Monthly Report will include 1) a monthly and year-to-date count of intakes by project site and program 2) data management decisions and 3) other implementation or administrative issues.

Report will be sent to DHS management staff and the nine Youth Success Project Site Coordinators

# Appendix 6

## Youth Success – Twelve Monthly Reports to Sites

Youth Success Monthly Report
April 2003 – March 2004

New Intakes
Month of April 2003

| SITE | ASSC | YR |
|---|---|---|
| BVCAP | 7 | 1 |
| CCAP | 4 | 0 |
| Self-Help | 1 | 0 |
| SCCA | 2 | 9 |
| Tri-Town | 0 | 0 |
| Urban League | 11 | 0 |
| VNS | 2 | 0 |
| Westbay | 1 | 0 |
| WIH | 3 | 0 |
| **TOTAL** | 31 | 10 |

Year-to-Date Intakes
April 1, 2003-April 30,2003

| SITE | ASSC | YR |
|---|---|---|
| BVCAP | 7 | 1 |
| CCAP | 4 | 0 |
| Self-Help | 1 | 0 |
| SCCA | 2 | 9 |
| Tri-Town | 0 | 0 |
| Urban League | 11 | 0 |
| VNS | 2 | 0 |
| Westbay | 1 | 0 |
| WIH | 3 | 0 |
| **TOTAL** | 31 | 10 |

ASSC – Adolescent Self Sufficiency Collaborative
YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of May 2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 4 | 7 |
| CCAP | 0 | 0 |
| Self-Help | 1 | 0 |
| SCCA | 2 | 9 |
| Tri-Town | 3 | 0 |
| Urban League | 15 | 0 |
| VNS | 4 | 0 |
| Westbay | 1 | 0 |
| WIH | 2 | 0 |
| **TOTAL** | 32 | 16 |

| Year-to-Date Intakes April 1, 2003-May 30,2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 11 | 8 |
| CCAP | 4 | 0 |
| Self-Help | 2 | 0 |
| SCCA | 4 | 9 |
| Tri-Town | 3 | 0 |
| Urban League | 26 | 0 |
| VNS | 6 | 0 |
| Westbay | 2 | 0 |
| WIH | 5 | 0 |
| **TOTAL** | 61 | 17 |

ASSC – Adolescent Self Sufficiency Collaborative
YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

New Intakes
Month of June 2003

| SITE | ASSC | YR |
|---|---|---|
| BVCAP | 3 | 0 |
| CCAP | 0 | 0 |
| Self-Help | 2 | 0 |
| SCCA | 2 | 9 |
| Tri-Town | 3 | 10 |
| Urban League | 16 | 0 |
| VNS | 2 | 0 |
| Westbay | 0 | 0 |
| WIH | 3 | 0 |
| **TOTAL** | 31 | 16 |

Year-to-Date Intakes
April 1, 2003-June 30,2003

| SITE | ASSC | YR |
|---|---|---|
| BVCAP | 15 | 8 |
| CCAP | 4 | 0 |
| Self-Help | 7 | 0 |
| SCCA | 4 | 9 |
| Tri-Town | 6 | 10 |
| Urban League | 42 | 0 |
| VNS | 10 | 0 |
| Westbay | 2 | 0 |
| WIH | 8 | 0 |
| **TOTAL** | 98 | 27 |

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YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of July 2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 2 | 23 |
| CCAP | 0 | 0 |
| Self-Help | 3 | 0 |
| SCCA | 0 | 0 |
| Tri-Town | 0 | 6 |
| Urban League | 24 | 0 |
| VNS | 4 | 0 |
| Westbay | 0 | 0 |
| WIH | 0 | 0 |
| **TOTAL** | 33 | 29 |

| Year-to-Date Intakes April 1, 2003-July 31,2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 17 | 31 |
| CCAP | 4 | 0 |
| Self-Help | 7 | 0 |
| SCCA | 4 | 12 |
| Tri-Town | 6 | 15 |
| Urban League | 66 | 0 |
| VNS | 12 | 0 |
| Westbay | 2 | 0 |
| WIH | 8 | 0 |
| **TOTAL** | 126 | 59 |

ASSC – Adolescent Self Sufficiency Collaborative
YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of August 2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 3 | 4 |
| CCAP | 0 | 0 |
| Self-Help | 3 | 0 |
| SCCA | 0 | 0 |
| Tri-Town | 1 | 0 |
| Urban League | 13 | 0 |
| VNS | 1 | 1 |
| Westbay | 0 | 0 |
| WIH | 2 | 0 |
| **TOTAL** | 23 | 5 |

| Year-to-Date Intakes April 1, 2003-August 31,2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 20 | 35 |
| CCAP | 4 | 0 |
| Self-Help | 10 | 0 |
| SCCA | 4 | 11 |
| Tri-Town | 7 | 16 |
| Urban League | 79 | 0 |
| VNS | 13 | 1 |
| Westbay | 2 | 0 |
| WIH | 10 | 0 |
| **TOTAL** | 149 | 63 |

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YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of September 2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 11 | 6 |
| CCAP | 0 | 0 |
| Self-Help | 2 | 0 |
| SCCA | 1 | 0 |
| Tri-Town | 2 | 2 |
| Urban League | 18 | 0 |
| VNS | 6 | 2 |
| Westbay | 0 | 0 |
| WIH | 1 | 0 |
| **TOTAL** | 41 | 10 |

| Year-to-Date Intakes April 1, 2003- September 30,2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 31 | 42 |
| CCAP | 5 | 0 |
| Self-Help | 12 | 0 |
| SCCA | 8 | 11 |
| Tri-Town | 9 | 18 |
| Urban League | 97 | 0 |
| VNS | 19 | 3 |
| Westbay | 2 | 0 |
| WIH | 11 | 0 |
| **TOTAL** | 194 | 74 |

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YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of October 2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 10 | 0 |
| CCAP | 6 | 0 |
| Self-Help | 6 | 0 |
| SCCA | 1 | 0 |
| Tri-Town | 1 | 2 |
| Urban League | 26 | 0 |
| VNS | 1 | 1 |
| Westbay | 12 | 0 |
| WIH | 2 | 0 |
| **TOTAL** | 65 | 3 |

| Year-to-Date Intakes April 1, 2003- October 31,2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 43 | 43 |
| CCAP | 25 | 1 |
| Self-Help | 19 | 0 |
| SCCA | 9 | 11 |
| Tri-Town | 10 | 20 |
| Urban League | 124 | 12 |
| VNS | 20 | 4 |
| Westbay | 43 | 0 |
| WIH | 13 | 0 |
| **TOTAL** | 306 | 91 |

ASSC – Adolescent Self Sufficiency Collaborative
YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of November 2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 7 | 0 |
| CCAP | 4 | 0 |
| Self-Help | 4 | 0 |
| SCCA | 0 | 0 |
| Tri-Town | 2 | 0 |
| Urban League | 12 | 1 |
| VNS | 5 | 6 |
| Westbay | 2 | 0 |
| WIH | 0 | 0 |
| **TOTAL** | 36 | 7 |

| Year-to-Date Intakes April 1, 2003- November 30,2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 54 | 46 |
| CCAP | 29 | 1 |
| Self-Help | 23 | 0 |
| SCCA | 9 | 11 |
| Tri-Town | 12 | 20 |
| Urban League | 139 | 13 |
| VNS | 25 | 10 |
| Westbay | 45 | 0 |
| WIH | 13 | 0 |
| **TOTAL** | 349 | 101 |

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Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of December 2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 5 | 0 |
| CCAP | 3 | 0 |
| Self-Help | 0 | 0 |
| SCCA | 0 | 0 |
| Tri-Town | 1 | 2 |
| Urban League | 14 | 0 |
| VNS | 2 | 1 |
| Westbay | 5 | 0 |
| WIH | 0 | 0 |
| **TOTAL** | 30 | 3 |

| Year-to-Date Intakes April 1, 2003- November 30,2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 59 | 46 |
| CCAP | 32 | 1 |
| Self-Help | 23 | 0 |
| SCCA | 11 | 16 |
| Tri-Town | 13 | 22 |
| Urban League | 153 | 13 |
| VNS | 27 | 11 |
| Westbay | 50 | 0 |
| WIH | 13 | 0 |
| **TOTAL** | 381 | 109 |

ASSC – Adolescent Self Sufficiency Collaborative
YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of January 2004 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 2 | 11 |
| CCAP | 0 | 0 |
| Self-Help | 1 | 0 |
| SCCA | 1 | 1 |
| Tri-Town | 3 | 7 |
| Urban League | 19 | 0 |
| VNS | 2 | 2 |
| Westbay | 2 | 0 |
| WIH | 5 | 0 |
| **TOTAL** | 35 | 21 |

| Year-to-Date Intakes April 1, 2003- November 30,2003 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 62 | 58 |
| CCAP | 32 | 1 |
| Self-Help | 24 | 0 |
| SCCA | 12 | 17 |
| Tri-Town | 16 | 29 |
| Urban League | 172 | 13 |
| VNS | 29 | 13 |
| Westbay | 52 | 0 |
| WIH | 18 | 0 |
| **TOTAL** | 417 | 131 |

ASSC – Adolescent Self Sufficiency Collaborative
YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of February 2004 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 12 | 2 |
| CCAP | 5 | 0 |
| Self-Help | 0 | 0 |
| SCCA | 2 | 0 |
| Tri-Town | 0 | 0 |
| Urban League | 25 | 0 |
| VNS | 1 | 0 |
| Westbay | 3 | 0 |
| WIH | 3 | 0 |
| **TOTAL** | 51 | 2 |

| Year-to-Date Intakes April 1, 2003- February 29,2004 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 74 | 60 |
| CCAP | 37 | 1 |
| Self-Help | 24 | 0 |
| SCCA | 14 | 17 |
| Tri-Town | 16 | 29 |
| Urban League | 197 | 13 |
| VNS | 30 | 13 |
| Westbay | 55 | 0 |
| WIH | 21 | 0 |
| **TOTAL** | 468 | 133 |

ASSC – Adolescent Self Sufficiency Collaborative
YR – Youth Responsibility

Youth Success Monthly Report
April 2003 – March 2004

| New Intakes Month of March 2004 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 1 | 2 |
| CCAP | 5 | 0 |
| Self-Help | 0 | 0 |
| SCCA | 1 | 0 |
| Tri-Town | 4 | 0 |
| Urban League | 18 | 0 |
| VNS | 10 | 3 |
| Westbay | 3 | 0 |
| WIH | 2 | 0 |
| **TOTAL** | 44 | 5 |

| Year-to-Date Intakes April 1, 2003- March 31,2004 | | |
|---|---|---|
| SITE | ASSC | YR |
| BVCAP | 76 | 62 |
| CCAP | 49 | 1 |
| Self-Help | 25 | 0 |
| SCCA | 15 | 17 |
| Tri-Town | 20 | 29 |
| Urban League | 215 | 13 |
| VNS | 40 | 16 |
| Westbay | 58 | 0 |
| WIH | 21 | 0 |
| **TOTAL** | 519 | 138 |

ASSC – Adolescent Self Sufficiency Collaborative
YR – Youth Responsibility

# Appendix 7

# Youth Success Quarterly Report

| Youth Success Client Quarterly Report<br>New Enrollees – April 1, 2003 – June 30, 2003 | | |
|---|---|---|
| | ASSC<br>(n=93) | YR<br>(n=29) |
| **1. Demographic Characteristics** | | |
| | | |
| Age | | |
| 12-14 | 1.1% | 17.2% |
| 15-17 | 38.7% | 49.1% |
| 18-20 | 60.3% | 27.5% |
| | | |
| Gender | | |
| Female | 98.9% | 27.6% |
| Male | 1.1% | 72.4% |
| | | |
| Race | | |
| White | 30.1% | 51.7% |
| Black | 6.5% | 10.3% |
| Hispanic | 39.8% | 31.0% |
| Asian | 9.7% | 0.0% |
| Other | 14.0% | 6.9% |
| | | |
| Marital Status | | |
| Single, never married | 94.6% | 100.0% |
| Married | 5.4% | 0.0% |
| | | |
| On FIP | | |
| No | 43.0% | 89.7% |
| Yes | 32.3% | 10.3% |
| Pending | 22.6% | 0.0% |
| Sanctioned | 2.2% | 0.0% |
| | | |
| Health Insurance | | |
| None | 9.7% | 13.8% |
| RIte Care | 83.9% | 24.1% |
| Private | 6.5% | 62.1% |
| | | |
| **2. Social Characteristics** | | |
| | | |
| School Status | | |
| not in School | 51.6% | 0.0% |
| In School or GED program | 46.2% | 100% |
| graduated | 2.2% | 0.0% |
| | | |

| | ASSC (n=93) | YR (n=29) |
|---|---|---|
| **Social Characteristics (Continued)** | | |
| | | |
| Grades of School Completed | | |
| 5-8 | 26.9% | 44.8% |
| 9-11 | 69.9% | 55.2% |
| 12 | 3.2% | 0.0% |
| | | |
| Number of GED tests passed | | |
| None | 97.8% | 96.6% |
| 1-2 | 2.2% | 0.0% |
| 3-4 | 0.0% | 3.4% |
| 5 | 0.0% | 0.0% |
| | | |
| Ever been in Job Training | | |
| Never | 97.8% | 82.8% |
| Dropped out | 0.0% | 3.4% |
| Attending | 1.1% | 13.8% |
| Completed | 1.1% | 0.0% |
| | | |
| Currently working in paid employment | | |
| No | 88.2% | 86.2% |
| 10-20 hours | 7.6% | 6.9% |
| 21-40 hours | 4.4% | 6.8% |
| | | |
| **3. Health Characteristics** | | |
| | | |
| Parenting Status | | |
| pregnant | 52.7% | 3.4% |
| parent | 45.2% | 0.0% |
| both pregnant & parent | 2.2% | 0.0% |
| Neither pregnant or parent | 0.0% | 96.6% |
| | | |
| Number of Live Births | | |
| None | 52.7% | 100.0% |
| One | 43.0% | 0.0% |
| Two | 4.3% | 0.0% |
| | | |
| Ever had sex | | |
| no | 0.0% | 42.3% |
| yes | 100.0% | 57.7% |
| | | |
| Ever used birth control | | |
| no | 35.5% | 53.8% |
| yes | 64.5% | 46.2% |

| | ASSC (n=93) | YR (n=29) |
|---|---|---|
| **Health Characteristics (Continued)** | | |
| | | |
| Had sex in past three months | | |
| no | 32.3% | 61.5% |
| yes | 67.7% | 38.5% |
| | | |
| Used birth control in past three months | | |
| no | 66.7% | 69.2% |
| yes | 33.3% | 30.8% |
| | | |
| **4. Client Assessment** | | |
| | | |
| Clients level of need to get services in case plan (e.g., education, health, child care services | | |
| Client can get most services on own | 12.9% | 34.5% |
| Needs some assistance | 73.1% | 65.5% |
| Unable to get services on own | 14.0% | |
| | | |
| Client's crisis level | | |
| Not in crisis | 18.3% | 62.1% |
| Facing some life challenges | 71.0% | 31.0% |
| Overwhelmed with crises | 10.8% | 6.9% |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# Appendix 8

# Youth Success Semi Annual Report

# Adolescent Self-Sufficiency Collaborative (ASSC)
# April 1, 2003 – September 30, 2003
# New Intakes (n = 241)

Data Tables and Figures

- Characteristics of ASSC Participants
- Health Characteristics
- School and Work Characteristics
- Level of Need
- Characteristics by Program Site
- Comparison by Program Site
- Comparison to All RI Teen Births on Medicaid
- Risk Factors by Race and Age

Prepared by:
Jane Griffin
MCH Evaluation, Inc.
February 9, 2004

**Table 1: Characteristics of Adolescent Self-Sufficiency Collaborative (ASSC) Program Participants – New Enrollees (n=241) April 1, 2003 – September 30, 2003**

| | Number | Percent |
|---|---|---|
| Ages | | |
| 12 – 14 | 4 | 1.7 |
| 15 – 17 | 106 | 44.0 |
| 18 – 20 | 131 | 54.4 |
| Years of Education | | |
| 7 – 8 years | 67 | 27.8 |
| 9 – 11 years | 158 | 65.6 |
| >=12 years | 16 | 6.6 |
| Resides in | | |
| Core City | 148 | 61.4 |
| Non-Core City | 93 | 38.6 |
| Race/Ethnic | | |
| White | 89 | 36.9 |
| Black | 29 | 12.0 |
| Hispanic | 83 | 34.4 |
| Asian | 17 | 7.1 |
| Other | 23 | 9.5 |
| Marital Status | | |
| Single, never married | 228 | 94.6 |
| Married | 10 | 4.2 |
| Divorced | 3 | 1.2 |
| On FIP | | |
| No | 98 | 40.7 |
| Yes | 143 | 59.3 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

**Table 2: Health Characteristics of ASSC Program Participants**
**April 1, 2003 – September 30, 2003 (n=241)**

| | Number | Percent |
|---|---|---|
| Health Insurance | | |
| None | 15 | 6.2 |
| RIte Care | 212 | 88.0 |
| Private | 14 | 5.8 |
| Ever Used Birth Control | | |
| No | 86 | 37.7 |
| Yes | 155 | 64.3 |
| Number of Live Births | | |
| First | 106 | 44.0 |
| Second | 121 | 50.2 |
| Third or higher | 14 | 5.8 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

**Table 3: School and Work Characteristics of ASSC Program Participants April 1, 2003 – September 30, 2003 (n=241)**

| | Number | Percent |
|---|---|---|
| School Status | | |
| Not in School | 126 | 52.3 |
| In School | 101 | 41.9 |
| In GED | 14 | 5.8 |
| In Job Training | | |
| No | 233 | 96.7 |
| Yes | 8 | 3.3 |
| Currently Working | | |
| No | 218 | 90.5 |
| Yes | 23 | 9.5 |
| In Any School /Training/Work | | |
| No | 111 | 46.1 |
| Yes | 130 | 53.9 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

**Table 4: Level of Need of ASSC Program Participants**
**April 1, 2003 – September 30, 2003 (n=241)**

| | Number | Percent |
|---|---|---|
| Client's ability to obtain services | | |
| Needs little or no help | 45 | 18.7 |
| Needs average help | 162 | 67.2 |
| Needs extensive help | 34 | 14.1 |
| Client's crisis level | | |
| Not in crisis | 60 | 24.9 |
| Facing some challenges | 152 | 63.1 |
| Overwhelmed – multiple crises | 29 | 12.0 |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

**Table 5: Characteristics of ASSC Program Participants by Program Site April 1, 2003 – September 30, 2003 (n=241)**

| Characteristics | All Sites |
|---|---|
| **Number of Teens** | **241** |
| % Minor Teen | **45.6** |
| % Minority Teen | **63.1** |
| % Married | **5.4** |
| % Uninsured | **6.2** |
| % 1st Birth | **44.0** |
| % in School/GED or Graduated | **47.7** |
| % in Job/Training Program | **12.0** |
| % Ever Used Birth Control | **64.3** |
| % Not Able to get Services on Own | **14.1** |
| % Overwhelmed with Multiple Crises | **12.0** |

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

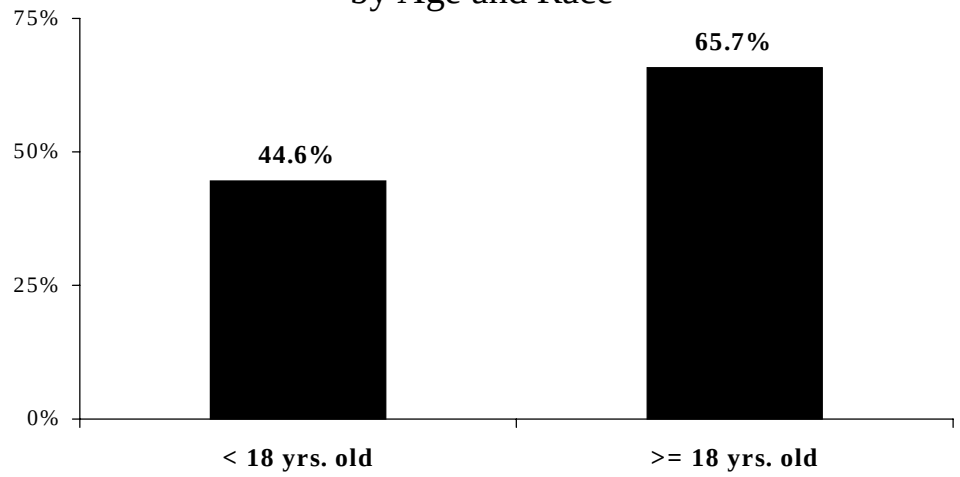
**Table 6: Characteristics of ASSC Clients**
**Compared to All RI Teen Births on Medicaid Ages -12 – 19**
**April 1, 2003 – September 30, 2003 (n=241)**

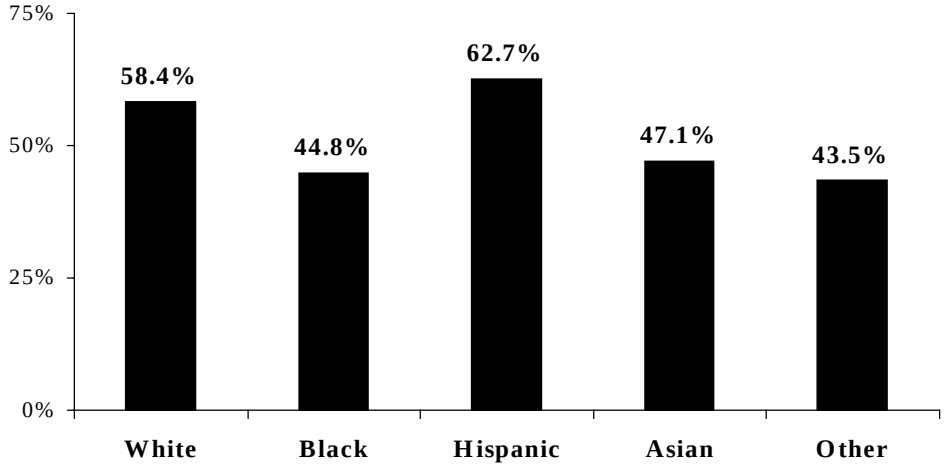
| | % of ASSC Clients Apr-Sep 2003 (n=226) | % of All RI Medicaid Teen Births CY2001 (n=870) |
|---|---|---|
| Race | | |
| White | 34.5 | 41.8 |
| Black | 12.8 | 14.9 |
| Hispanic | 35.8 | 35.3 |
| Asian | 7.5 | 7.9 |
| Other | 9.3 | NA |
| Age | | |
| 12 – 14 | 1.8 | 2.1 |
| 15 – 17 | 46.9 | 32.5 |
| 18 – 19 | 51.3 | 65.4 |
| Married | | |
| Yes | 5.3 | 7.8 |
| No | 94.7 | 92.2 |
| Completed > 12 yrs. education* | | |
| Yes | 18.0 | 57.3 |
| No | 82.0 | 42.7 |
| Parity | | |
| First birth | 56.0 | 78.0 |
| Second or higher birth | 44.0 | 22.0 |

* 19 years old only

Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

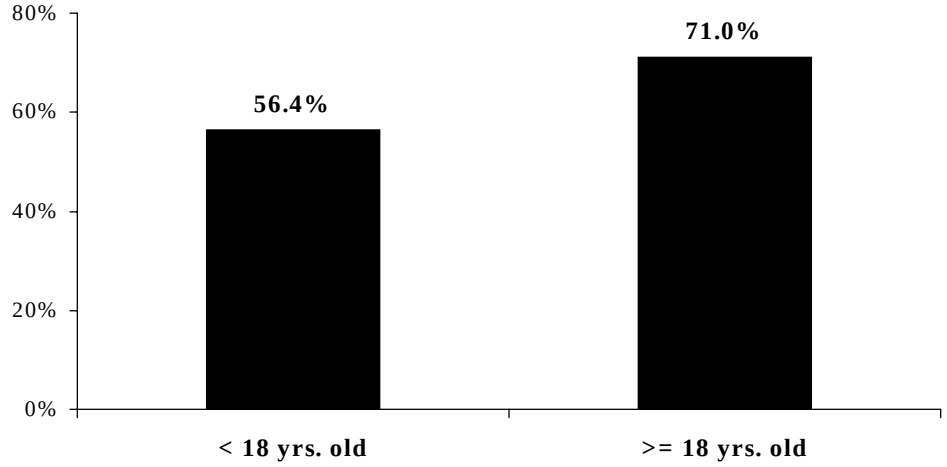
Figure 1
Percent of ASSC Program Participants
with a Previous Live Births
by Age and Race

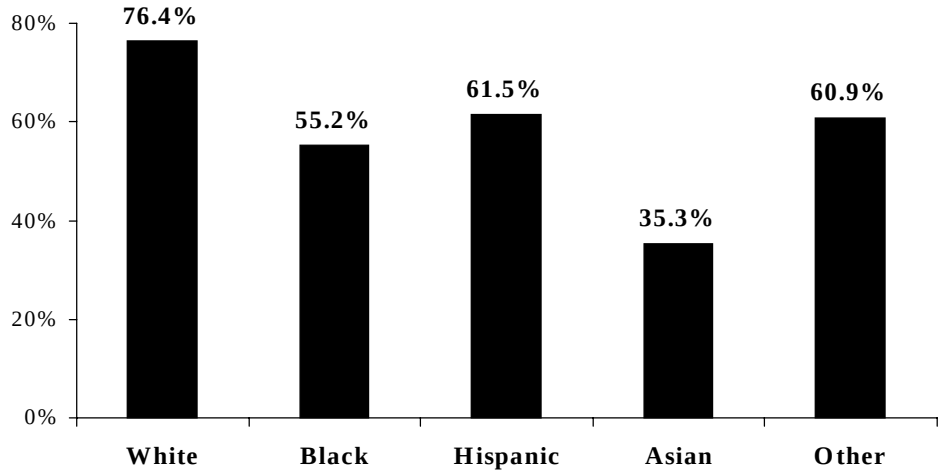



Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

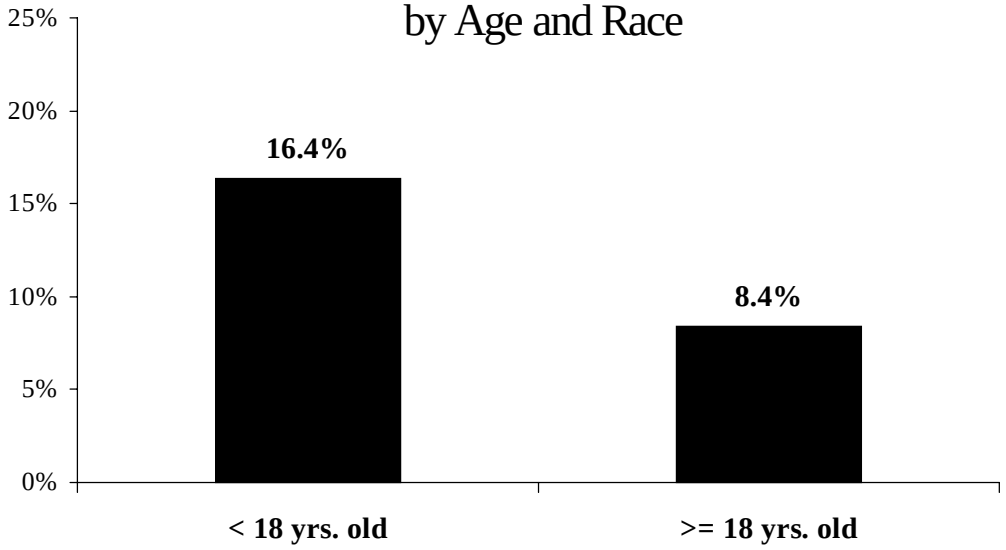
Figure 2
Percent of ASSC Program Participants
# Who Ever Used Birth Control
by Age and Race

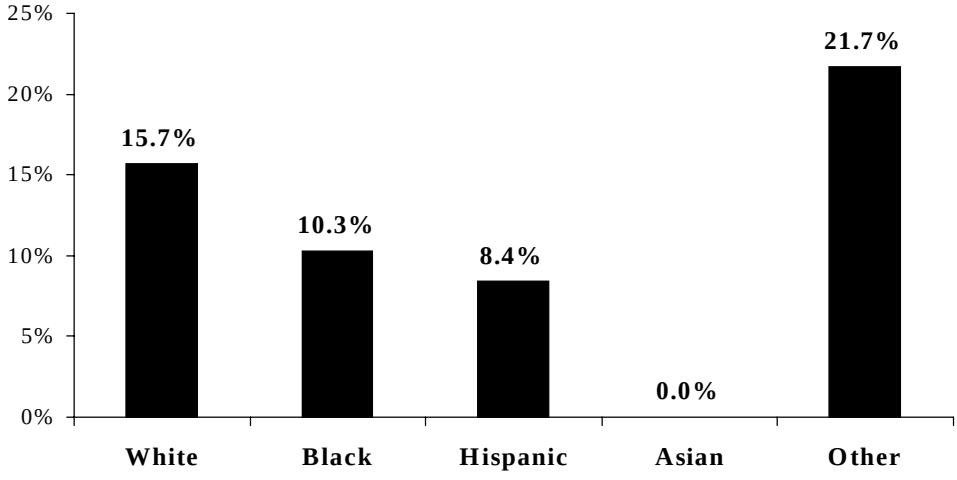



Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

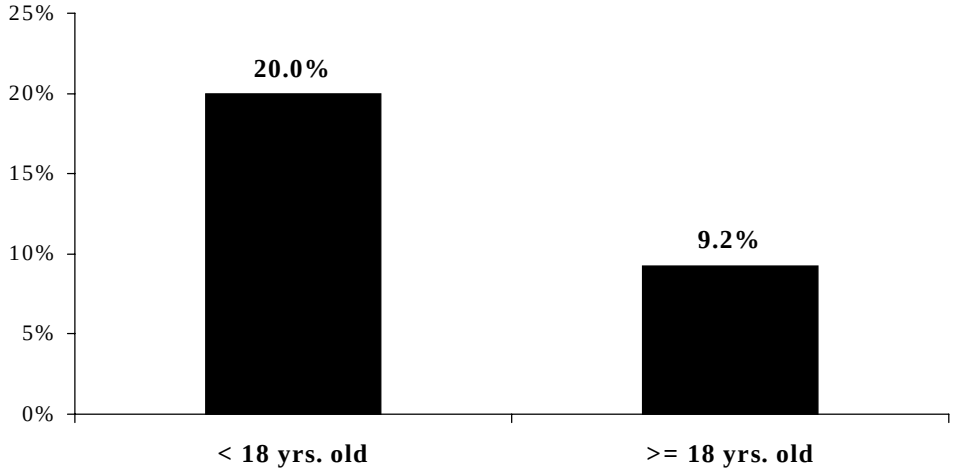
Figure 3
Percent of ASSC Program Participants
Currently Overwhelmed with Multiple Crises
by Age and Race

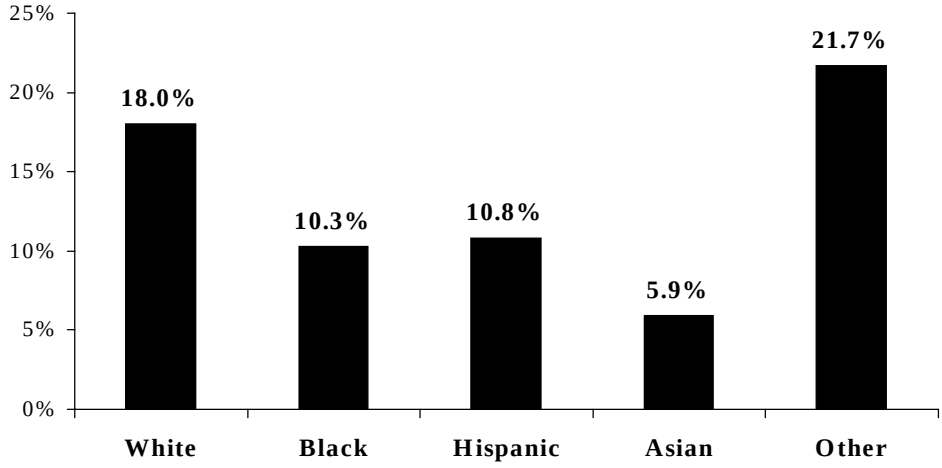



Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

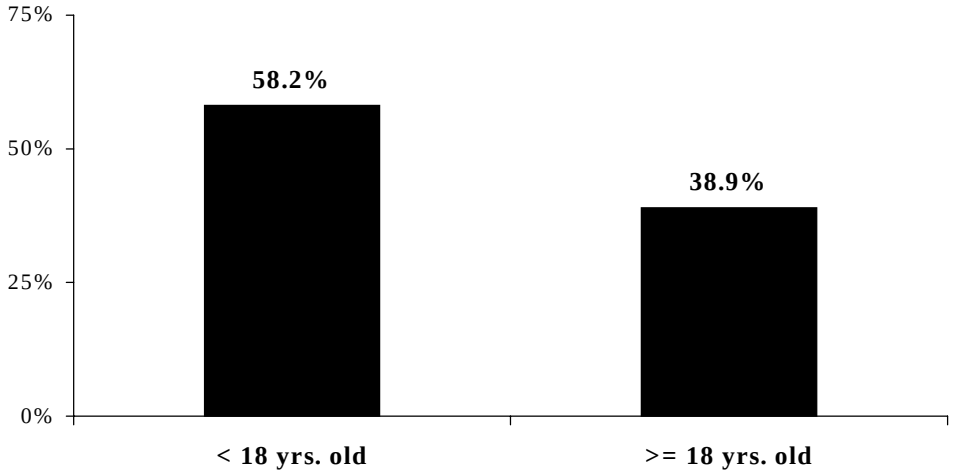
Figure 4
Percent of ASSC Program Participants
# High Need – Unable to Get Services on Own
by Age and Race

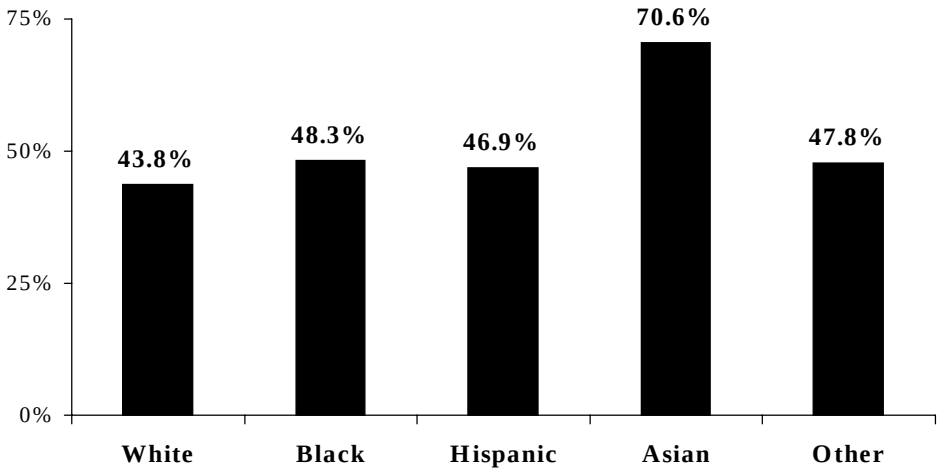



Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

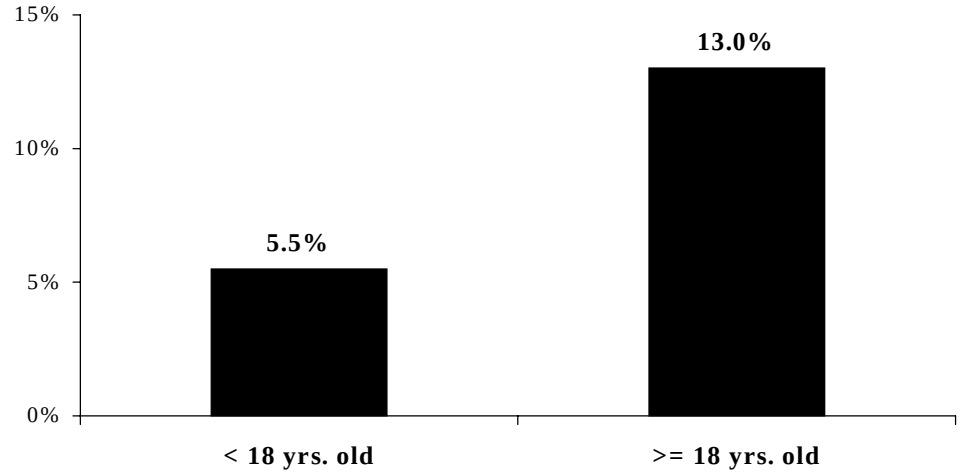
Figure 5
Percent of ASSC Program Participants
# In School/GED Program or Graduated
by Age and Race

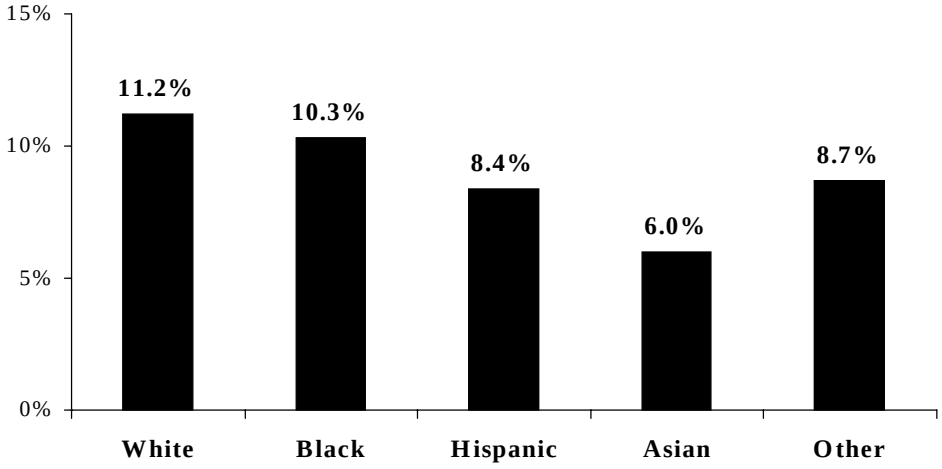



Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services

Figure 6
Percent of ASSC Program Participants
# Working at Job
by Age and Race




Data Source: ASSC/YR Data Intake File, Medicaid Research & Evaluation Project, Department of Human Services